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TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE

State of New York

for the Year 1869.

VOLUME VII

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THE ARGUS COMPANY, PRINTERS.
1869.

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IN SENATE,

April 16, 1869.

SEVENTH ANNUAL REPORT

OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. Allen C. Beach,

President of the Senate:

Sir.—We have the honor herewith to transmit the Seventh Annual Report of the Transactions of the Homœopathic Medical Society of the State of New York for the year 1869.

We have the honor to be,

Very respectfully,

Your obedient servants,

H. M. PAINE,

E. DARWIN JONES,

Secretaries.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK,
ALBANY, *April* 16*th*, 1869.

The following papers and communications have been submitted to the Committee of Publication, and have received their approval.

E. D. JONES,
H. M. PAINE,
L. M. PRATT,
Committee.

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REPORT.

ARTICLE I.

Homœopathic Medical Society of the State of New York. Proceedings of the Eighteenth Annual Meeting.

The Society convened, pursuant to statute, in the County Court room, City Hall, Albany, February 9, 1869.

At half past ten o'clock, the President of the Society, Dr. Wm. H. Watson, of Utica, called the meeting to order, and requested the Rev. Dr. Sprague to offer prayer.

The President then read his inaugural address.

Gentlemen of the Homœopathic Medical Society of the State of New York.—Permit me to return my thanks for the honor which you have conferred in electing me to the Presidency of this Society, and to crave your kind indulgence and co-operation in directing its deliberations. With such co-operation, I doubt not that the session will be harmonious, and conducive to the promotion of its best interests.

During the last two years, death has been unusually busy in our ranks, and has stricken down some of the most honored members of our profession. We shall see them here no more forever. While the memory of Hubbard, Gray, Peterson, Potter, Merritt, Vanderburg, May, Hull, Barker, Bryant, Matthews, Geo. Lewis, A. A. Lewis, Quin, Mason, Wolcott and Dunnell will be ever green in the hearts of the members of this Society, their bodies shall lie quietly in the grave, awaiting the sounding of that trump, which shall call them to receive the reward of the deeds done in the flesh. The volumes of our transactions will contain fuller and more fitting tributes, penned by loving hands, than any which I may here pronounce upon them; and yet I may remind you that the year 1868 has deprived the profession of some of its most conspicuous ornaments. The stately Vanderburg, the very Nestor of our profession in this State; the scholarly Quin, the cultivated, liberal minded and æsthètic Hull, were among

its earlier pioneers, and contributed no mean share in establishing it in its present enviable position in this commonwealth.

Some of the gentlemen whom I have mentioned were full of years; but *all* of them have waged the unequal contest with the grim destroyer with honor to themselves and their profession. Some of them have labored on the crowded highways of life, where all is dust and turmoil, and ministered to the relief of the children of affluence and honor. Others have followed their chosen calling in the more humble towns and villages which are scattered among the hills, and along the winding streams of our beautiful State. They rest from their labors. No more shall the midnight bell summon them from their slumbers to soothe the anguish of disease, or to stand beside the bed of the dying, and close the eyes of those whom they had vainly hoped to save. No more shall they bid defiance to the tempestuous storms of our northern winters, or breast the noontide heat of our summers. The obliquities of worldly fortune, the ingratitude of those whom they have unselfishly and faithfully sought to serve, have now ceased to depress them. No splendid monument, no gilded tomb may mark their resting place; but what costly mausoleum may vie in eloquence with the simple and unadorned tale of their lives? Though those lives were disconnected with any of the events which confer fame and glory upon men, which the historian loves to record, and the poet delights to celebrate; though they had gained not the conqueror's wreath, or the rewards of civic renown, and may never have been the objects of public admiration and applause, yet are they not void of attractions to those who reverence virtue, and in the unseen triumphs of human life, behold some of its severest struggles, and proudest achievements. Theirs were victories which, unsung by mortal bards, will live forever in the strains of harps immortal. The grateful voice of suffering relieved, the silent tears of assuaged sorrow, hope planted in the breast of despair; these, to them, were achievements that outshone all the jewels that ever flashed from a monarch's diadem. To these ends had they devoted their powers, and consecrated their lives.

The profession in this State is in a very prosperous condition. The Medical School in New York has proved a great success. Its corps of instructors is composed of able and energetic men, and the number of its students is constantly increasing.

The Board of Managers of the New York Homœopathic Hospital, at a recent meeting, elected the venerable poet, Wm. Cullen Bryant,

as their President, and intend to go forward with energy, and accomplish the purposes of the organization with no further delay. I would fain enlist the interest of every member of the profession in this State in this object. The friends of homœopathy, though constituting a large, if not predominating portion of the tax-paying population, have no public hospital in New York city. Cleveland and Pittsburgh, under far less favorable circumstances, have established homœopathic hospitals. The powers and privileges of the charter are ample, and it should be put into operation at the earliest possible moment.

Numerous dispensaries are in operation in New York, and several other cities of the State.

It is well known that certain life insurance companies, controlled by allopathic advisers at their home offices, have refused to allow homœopathic physicians to act as examiners. I would recommend that this Society at its present session, pass resolutions that its members and the members of the county societies entitled to representation in it, will hereafter decline to fill certificates as attending physicians for such life insurance companies as fail to appoint at least one of their examiners from the regular homœopathic physicians, in the place where they solicit risks.

The Albany County Medical Society has already taken appropriate action upon this subject, in a series of resolutions published in the Transactions of this Society for 1866, at page 132.

The periodicals of the profession in this State are in a flourishing condition, and I would bespeak for them the earnest support of the members of this Society. Every member should furnish regular contributions to their columns, and otherwise contribute liberally to their support. It gives me great pleasure to announce that Drs. W. S. Searle and H. N. Avery, are about to issue half-yearly abstracts of all our journals in this country. I cannot too strongly urge upon the profession the importance of at once organizing county societies in every county where none now exist, and I would especially suggest to the physicians of Chenango, Cattaraugus, Genesee, Herkimer, Jefferson, Niagara, Orleans, Queens, Seneca, St. Lawrence, Tompkins and Wyoming counties, that they act without further delay.

It is a subject of great regret that the Constitutional Convention did not consider it as coming within its province to take action upon the report of its committee "On the Practice of Medicine and the Compounding of Drugs." It was ardently desired by the people, as

shown by the fact that petitions containing sixteen hundred names were presented to the convention, and that the public press strongly urged action in this direction. The Hon. S. J. Colahan advocated the matter in an able speech, and was supported by this Society in a series of resolutions, offered by Dr. Holmes, requesting that the article proposed by the committee of the convention, be embodied in the fundamental law of the State. Had favorable action been taken by the convention, it would, in my judgment, have done much to elevate the standard of medical education in this State, and to a great extent have protected its people from empiricism and the ignorance of pretenders in medicine.

It cannot fail, however, to be a source of congratulation that this Society through one of its members, Dr. Searle, placed upon record a most feasible, and liberal plan for attaining a similar end, in the bill which he prepared and presented to the Legislature, and which also received the sanction of this Society. Dr. Searle in some able and cogent remarks, showed to the Society, that its adoption would enable the public to ascertain not alone, who are *diplomatized*, but also who are *really qualified* practitioners of medicine, and thus establish an *honorary* degree, of which only those who were really qualified, and meritorious could avail themselves. Dr. Searle appeared in person before the committee of the Senate and argued the merits of the bill, but did not succeed in awakening sufficient interest to secure its passage. I would respectfully suggest that a committee be appointed to present a similar bill to the present Legislature. If not at present, the time must soon come when such a bill as this, first suggested by this Society, through Dr. Searle, will become the law of the State.

A new financial plan is now in action which seems to be entirely successful.

I would recommend that a committee be appointed to urge upon the present Legislature the necessity of taking appropriate action in reference to the erection of a lunatic asylum, to be located in one of the southern tier of counties of the State, and to be placed under the control of a physician of good standing in our school.

The President then declared the eighteenth annual session of the Society open for the reception of buisness.

On motion of Dr. Searle, Drs. Cook, H. M. Paine, and Avery, were appointed a committee to consider the suggestions set forth in the President's inaugural address, and report such action as may be deemed expedient.

The Secretary read an abstract of the proceedings of the last annual meeting, which, on motion of Dr. Searle, were approved.

The President announced the appointment of the nominating committee, consisting of Drs. L. B. Waldo, G. B. Palmer and A. P. Cook.

The committee on credentials reported the names of the following permanent members and delegates present:

Permanent Members.

Drs. Jacob Beakley	New York	First	District.
T. L. Brown	Binghamton	Sixth	do
A. P. Cook	Hudson	Third	do
B. F. Cornell	Moreau Station	Fourth	do
E. A. Munger	Waterville	Fifth	do
H. D. Paine	New York	First	do
D. H. Bullard	Glen's Falls	Fourth	do
E. D. Jones	Albany	Third	do
G. Z. Noble	Dundee	Seventh	do
H. M. Paine	Albany	Third	do
L. M. Pratt	Albany	Third	do
William Wright	Brooklyn	Second	do
W. S. Searle	Brooklyn	Second	do
Lyman Clary	Syracuse	Fifth	do
John F. Gray	New York	First	do
S. J. Pearsall	Saratoga	Fourth	do
W. H. Watson	Utica	Fifth	do
R. S. Bishop	Medina	Eighth	do
E. B. Cole	Waterford	Fourth	do
F. W. Hunt	New York	First	do
Ira C. Owen	Sherburne	Sixth	do
G. B. Palmer	East Hamilton	Sixth	do
J. C. Raymond	Utica	Fifth	do
T. T. Calkins	Hudson	Third	do
M. W. Campbell	Troy	Third	do
Charles Lowrey	Homer	Sixth	do
W. Henry Hoyt	Syracuse	Fifth	do
C. H. Carpenter	Troy	Third	do
James W. Cox	Albany	Third	do
S. D. Hand	Binghamton	Sixth	do
E. B. Holmes	Canandaigua	Seventh	do

Drs. I. S. P. Lord.....	Poughkeepsie	Second Dist.
E. P. K. Smith	Auburn	Seventh do
H. J. Ward.....	North Granville	Fourth do

DELEGATES.

Albany Co. Medical Society...	Drs. G. A. Cox, Albany.
	J. F. McKown, Albany.
	W. H. Randel, Albany.
	J. S. Delavan, Albany.
Alleghany Co. Medical Society.	
Broome Co. Medical Society...	S. D. Hand, Binghamton.
Cattaraugus Co. Med. Society..	
Cayuga Co. Medical Society...	E. P. K. Smith, Auburn.
Chautauqua Co. Med. Society..	C. Ormes, Jamestown.
Chemung Co. Medical Society..	
Chenango Co. Medical Society.	C. G. Roberts, Oxford.
Clinton Co. Medical Society....	
Columbia Co. Medical Society..	H. B. Horton, Kinderhook.
	P. W. Mull, Ghent.
	Wm. V. Kirk, Niverville.
Cortland Co. Medical Society...	C. Lowrey, Homer.
Delaware Co. Medical Society..	Hilon Doty, Margarettsville.
Dutchess Co. Medical Society..	I. S. P. Lord, Poughkeepsie.
	H. N. Avery, Poughkeepsie.
Erie Co. Medical Society	
Essex Co. Medical Society	
Franklin Co. Medical Society...	
Fulton Co. Medical Society	
Genesee Co. Medical Society...	
Greene Co. Medical Society....	
Hamilton Co. Medical Society..	
Herkimer Co. Medical Society..	
Jefferson Co. Medical Society ..	
King's Co. Medical Society	Wm. Wright, Brooklyn.
Lewis Co. Medical Society.....	
Livingston Co. Medical Society.	
Madison Co. Medical Society...	E. C. Bass, Cazenovia.
	G. B. Palmer, East Hamilton.
	Ira C. Owen, Sherburne.
Monroe Co. Medical Society ...	L. H. Reynolds, Brockport.

Monroe Co. Medical Society ...	Drs. T. C. White, Rochester.
Montgomery Co. Med. Society..	J. N. White, Amsterdam.
	T. J. Pettit, Fort Plain.
New York Co. Medical Society	J. W. Mitchell, New York.
	J. Beakley, New York.
	J. H. Thompson, New York.
	A. M. Woodward, New York.
Niagara Co. Medical Society...	
Oneida Co. Medical Society....	W. H. Watson, Utica.
	J. C. Raymond, Utica.
	E. A. Munger, Waterville.
Onondaga Co. Medical Society.	Wm. H. Hoyt, Syracuse.
	L. Clary, Syracuse.
Ontario Co. Medical Society...	Geo. Z. Noble, Dundee.
Orange Co. Medical Society...	
Orleans Co. Medical Society ...	R. S. Bishop, Medina.
Oswego Co. Medical Society...	L. B. Waldo, Oswego.
Otsego Co. Medical Society	
Putnam Co. Medical Society...	
Queens Co. Medical Society....	
Rensselaer Co. Medical Society.	C. G. Clark, Troy.
	C. S. Woodruff, Troy.
	E. S. Coburn, Troy.
	D. W. Pitts, Johnsonville.
Richmond Co. Medical Society.	
Rockland Co. Medical Society..	
St. Lawrence Co. Med. Society.	
Saratoga Co. Medical Society ..	B. F. Cornell, Moreau Station.
	S. J. Pearsall, Saratoga.
	E. B. Cole, Waterford.
Schenectady Co. Med. Society..	
Schoharie Co. Medical Society	N. D. Hunting, Gallupville.
Schuyler Co. Medical Society ..	
Seneca Co. Medical Society....	
Steuben Co. Medical Society...	
Suffolk Co. Medical Society....	
Sullivan Co. Medical Society...	
Tioga Co. Medical Society.....	
Tompkins Co. Medical Society.	
Ulster Co. Medical Society	E. W. Ingalls.

Warren Co. Medical Society...	Drs. D. H. Bullard, Glen's Falls.
	A. W. Holden, Glen's Falls.
Washington Co. Med. Society..	J. F. Miller, Cambridge.
Wayne Co. Medical Society....	
Westchester Co. Med. Society..	
Wyoming Co. Medical Society .	
Yates Co. Medical Society.....	
Hom. Med. Col. of New York..	Jacob Beakley.
Hahnemann Acad. of Medicine.	H. D. Paine.

Dr. Beakley stated that it was customary to invite the State officers and members of the Legislature to attend the sessions of this Society, and also to listen to the annual address of the President, and he moved that a committee be appointed for that purpose. The President accordingly appointed Drs. Beakley, Delavan and Hoyt.

The following named gentlemen having been previously nominated, were elected honorary members:

Drs. T. C. Duncan	Chicago, Ill.
J. C. Morgan	Philadelphia, Pa.
William Henderson.....	Edinburgh, Scotland.
William Bayes.....	Norwich, England.
F. R. Horner	Hull, England.

The following named gentlemen having been previously nominated, were elected permanent members:

Drs. T. F. Allen	New York.
E. P. Fowler.....	New York.
A. C. Hull.....	Brooklyn.
I. S. P. Lord.....	Poughkeepsie.
C. H. Carpenter	Troy.
J. W. Cox	Albany.
A. W. Holden.....	Glen's Falls.
J. H. Ward.....	Troy.
C. Judson Hill	Utica.
G. D. McManus	Oswego.
S. D. Hand	Binghamton.
A. E. Wallace.....	Oneida.
E. B. Holmes	Canandaigua.
E. P. K. Smith.....	Auburn.
E. G. Cook	Buffalo.
G. W. Lewis.....	Buffalo.

On motion of Dr. H. M. Paine, a business committee was appointed to take in charge all papers submitted, and to recommend such as seem most desirable for presentation. The following named gentlemen were appointed: Drs. E. P. K. Smith, T. T. Calkins and E. B. Holmes. The Secretary offered the following resolution:

Whereas, All homœopathic physicians feel the need of a standard Homœopathic Dispensatory; one which will meet the requirements of medical science, and the approval of the State and National organizations; and

Whereas, Dr. Lodge, of Detroit, Michigan, has such a work nearly ready for publication; therefore,

Resolved, That the proof sheets of said United States Homœopathic Dispensatory be submitted to and approved by a committee, appointed by the Medical Society of the State of New York.

Dr. Clary hoped that we would not take any such hasty action in indorsing a dispensatory which might be very good, for all we know, or might not. We do not wish to indorse any book of which we know nothing; if it is good we will buy it, and if it is not we will not purchase, even if it is indorsed by the Society.

Dr. Holden, of Warren county, requested the motion to lay on the table, to be postponed for a few moments, for the purpose of offering an amendment to the original resolution; that the proof sheets be referred to the committee for examination and report.

The Treasurer, Dr. W. S. Searle, presented the following report:

Mr. President and Gentlemen of the Society:

At the last annual meeting I had the temerity to propose a new financial plan for the operations of this Society. After some amendment, it was accepted and adopted by you. And, with the most charming regard for parliamentary etiquette, you forthwith elected me Treasurer, evidently determined that such a Haman should be hanged upon his own gibbet. Some members frankly denounced the scheme as visionary, and nearly all regarded it with distrust. But though the plan was emasculated by the reduction of the proposed fee from five dollars from each member and delegate to three dollars, I am happy to be able to announce that even this inadequate sum has brought more money into the treasury during 1868–69 than has ever before reached that destination.

At the close of our last year we were in much the same plight so pathetically bewailed by the immortal Micawber. Nor was it any

fresher a sensation to us than to him. During the past seven years, the excretions of our treasury had always exceeded its aliment, and it had grown very lean indeed. Now the secret of this ever recurring deficiency was this: Under our old financial system, if every member of the State and County Societies had paid his dues (which they never were guilty of doing), even then the whole amount capable of being produced by this plan was less than $300; a sum inadequate to meet our expenses. Let us see how much actually was received:

For 1861–62	$19 77
1862–63	49 25
1863–64	105 00
1864–65	152 00
1865–66	207 00

During the year 1866–67 an extra assessment was laid, and debtors actively dunned, and, as a result, the sum of $362.50 was realized. But this great effort was followed by as great a reaction; and in 1867–68 the income fell to $103.50.

It is thus shown, to the satisfaction, I hope, of those gentlemen who have found so much fault with the extravagance of the State Society, that the average annual income of this organization during the past seven years has been only $142.

Now the amount necessary to run our machinery without painful creaking is about $550 per annum. Of this, $250 has been voted to the Recording Secretary as a salary. This amount, I find, looks large to those unacquainted with the labor involved, but in the eyes of those who do know it, and especially those of one who faithfully performs it, it looks ridiculously small. The labor of preparing the annual volume of transactions alone is worth more than that sum.

Nearly every manuscript presented requires revision, correction, and even copying. While the correcting of proof and preparing of illustrations is a work of no small magnitude. Add to this the large correspondence necessary, and the labor at the meetings of the Society, and I do not know of more than one man who is both competent and willing to do the work for the money and glory, and that is the present incumbent of that office.

How the remaining $300 are spent will be seen when I come to present estimates for the ensuing year.

Now, what was the situation one year ago to-day? The balance in the treasury was seventy-three dollars, nearly every cent of which was required to pay outstanding bills; and, besides, we owed the

Secretary every dollar of his salary. We were then $250 in debt, and needed at least $500 more for the expenses of the current year.

How was this to be met? The number of members and delegates comprising this body is about 140, and at three dollas each I could hope for only $423 if they all paid their dues. I therefore concluded to look after the delinquent members and societies. Inspection of the books showed that only forty-five permanent members and delegates, and eight county societies had paid their dues during 1867–8; sixteen societies and nearly one hundred members and delegates were delinquent.

And just here I have a confession to make: To meet the deficiency existing in our accounts for 1867–8, the Society at its last meeting ordered an extra assessment upon the county Societies. This I declined to lay for several reasons: If I had laid it upon all, it was whipping the willing steed as well as the baulky one; and if it was to be laid on the delinquents only it would seem slightly ridiculous. Again, we had entered upon a new financial career which it was all-important should be untrammeled.

If the Society is not satisfied with these reasons, I respectfully ask what are you going to do about it? Impeach and remove me from office? Gentlemen, I should be most happy. But, seriously, I was confident that there was a better way, and so, with tears of no crocodile character, and prayers of uncommon length, fervor and iteration, I assailed the delinquents. But, alas! only ten county societies and three permanent members were moved by all my touching appeals: Otsego, Chemung, Saratoga, Chautauqua, King's and Livingston counties, together with about ninety members and delegates remain obdurate to this day.

The whole amount of back dues collected during the year is $88.79, all of which has been paid over to Dr. Fellows, the Secretary of 1867–8. Greatly to that gentleman's credit, he agreed to give me a receipt in full of all demands against the Society for whatever sum I should collect from delinquents. That receipt I now hold, and our last year's indebtedness is therefore canceled. In view of the generosity of Dr. Fellows, I would suggest that the warm thanks of the Society are due to him; that any part of the dues of 1867–8 which may hereafter be received should be paid over to him; and that he should, by special vote, be exempted for life from the payment of dues to this Society.

And, now, for the current year just past, our income has been as follows:

Balance from 1867–8	$73 44
109 members and delegates at $3.00	327 00
From delinquent societies and members	88 79
Sundry sources	24 77
	$514 00

EXPENDITURES.

There has been paid to Dr. H. B. Fellows on Secretary's salary account for 1867-8, the sum of	$88 79
Dr. H. M. Paine, on Secretary's salary account for 1868-9	208 75
Expense account including printing, stationery, postage, expressage, reporting, care of rooms at meeting, &c	159 75
Total	$457 29
Balance in the treasury	28 48
There remain unpaid bills for stationery, printing, postage, amounting to about	100 00
Due Secretary on salary	41 25
Total debt	$141 25

It thus appears that the Society is in debt to the amount of $112,77. Now, in view of this deficit, and the fact that only about 100 of the permanent members and delegates are to be relied upon to pay their annual assessment, it behooves us to inquire what is to be done. It is manifest that the present rate of assessment is inadequate to meet the expenses of the Society. In view of the experience of the past year, it does not seem best to your Treasurer to recommend a change in our financial plans. The only course remaining is to increase the assessment; and I would recommend, in order to meet the debt and current expenses of the coming year, that the dues of permanent members should be increased to five dollars, while that of the delegates should remaid at three dollars as at present. There being ninety-six permanent members and about sixty delegates, this plan would afford an income of $660, providing all paid their dues; and probably we could count on enough to pay our current expenses and extinguish our debt, both of which amount to about $650. Having gotten rid of debt, the dues on the following year could be reduced to four dollars on each permanent member, and on the succeeding year a further reduction would be possible. I confess that,

while such a proceeding would be deemed onerous by us all, I can see no other course open, and this plan is therefore respectfully submitted.

Before giving the estimate of expenses for the year which is before us, I have a statement to make which will surprise you. With the exception of the salary of the Secretary, which is provided for by standing vote, not a dollar has ever left the treasury legally. Section four of our by-laws provides that the Treasurer shall pay out on the warrant of the President, such sums (subject to draft) *as may be agreed upon at the annual meeting.* This rule has been disregarded, and the Treasurer has disbursed what and when he saw fit. We propose that this should be so no longer, and therefore, herewith, submit an estimate of expenses for the coming year, asking you to vote the supplies demanded, as follows:

Recording Secretary for printing, stationery, postage, &c...	$150 00
Corresponding Secretary do do ...	10 00
Treasurer do do ...	30 00
Expenses for annual meeting	35 00
Total	$275 00

Exactly one hundred and seven members paid their dues for 1868–9; and allowing that the same number pay for 1869–70, our income will be four hundred and twenty-eight ($428). This leaves us a deficit of one hundred and sixty dollars ($160) to be provided for. It is intended to raise as large a portion of this as possible by subscription; and also, if possible, reduce the expenses below the amount allowed.

In reference to the necessity for so large an expenditure, a few words are proper. The single item of postage amounts to over one hundred dollars ($100) each year, and cannot be materially lessened. The expenses of each annual meeting are nearly fifty dollars ($50) more. Besides these items, stationery, printing and other little expenditures eat up at least fifty dollars ($50) more. The Society each year gets a volume of Transactions which requires an editor in Albany, and no man there is competent (avowedly so) or willing to undertake the task except Dr. H. M. Paine. It is within my knowledge that this gentleman, during the past year, has spent a large portion of his salary in paying assistants in this work, besides giving a very large share of his own time. Even if competent, no non-professional man would edit such a volume as that just issued for $500. Few men know, and none realize the amount of labor performed by the Record-

ing Secretary. Much more might justly be said upon this topic, but space forbids. I trust that the financial exhibit embodied in the above report, and this address will be sufficient to satisfy the members of the Society that its officers are not disposed to be extravagant, and that the comparatively large fees asked are absolutely necessary to a healthy growth of the Society.

The necessity for a Homœopathic State Society is too patent to require remark. Without it no concerted action can be had, which would bear so powerfully upon our interests as a profession in the Legislature. To sustain such a Society money must be had, and, though often and long considered, no adequate financial plan has been proposed for that purpose, unless the one now on trial shall prove a success.

I appeal then to each member of the State Medical Society to promptly pay the dues voted by the Society for the ensuing year, and at least by a reduction of the postage bills of the Treasurer, assist in lessening the necessary expenditures of the Society.

W. S. SEARLE,
Treasurer.

The report of the Treasurer was referred to an auditing committee, consisting of Drs. Clary, Cook and Holden.

Dr. Searle offered the following:

Whereas, Dr. Fellows has generously remitted to the Society the amount of $161.21 which was due him as Secretary for the year 1867–8; therefore,

Resolved, That any part of the dues of that year which may hereafter be collected, shall be paid over to him.

Resolved, That he be hereby declared exempt for life from the payment of any dues to this Society.

Resolved, That the thanks of the Society are due to him for his generous remission of the debt. Adopted.

The policy recommended for the ensuing year, however, was somewhat modified. The by-laws were set aside, and four dollars were assessed upon each permanent member and delegate. This view was taken by the Society, viz., that delegates holding office for four years, and being in *every respect* on a par with permanent members, should pay the same fees as the latter; and also, that (as has been done by many) the county societies should reimburse the fees of their delegates. The Recording Secretary was also allowed two hundred dollars ($200)

for expenses. This, including the debt (see report), will carry our expenses for the coming year up to five hundred and eighty-eight dollars ($588) after deducting the balance in the treasury.

On motion of Dr. Wright, the medical gentlemen present, not members of the Society, were invited to participate in the deliberations of the meeting.

Dr. Clary moved that the question of dues be referred to the Auditing Committee, to consult with Dr. Searle, and report immediately after the opening of the afternoon session. Adopted.

Dr. Wright suggested that as this was a very important question, and it had been said that the by-laws interfered with our power to act promptly, he moved that the by-laws be suspended for this purpose. He offered a resolution to that effect, which was adopted. After several other ineffectual motions, the Auditing Committee were charged with the duties contemplated in Dr. Clary's resolution. On motion of Dr. Paine, the report of this committee was made the first business of the afternoon session.

Dr. Swift read a list of papers which were to be presented to the Society, including among them the proceedings of the Onondaga, Montgomery and Steuben county societies.

Dr. Wright read a paper entitled "Clinical Report: A Case of Diarrhœa."

Dr. Beakley stated that the college with which he was connected was in a flourishing condition, and he had suggested to the chairman of the proper committees in the Legislature, that an appropriation should be given to the hospital in connection therewith, and he wished to impress on his friends the importance of aiding the meritorious enterprise.

Dr. Cornell stated that the Homœopathic Society of Northern New York had passed a resolution deprecating the education of homœopathic medical students in allopathic schools. He indorsed the views therein set forth, and moved the appointment of a committee of three, to draft resolutions expressing the views of this Society. The resolution was adopted, and the committee appointed, as follows: Drs. B. F. Cornell, W. Wright, E. C. Bass.

Dr. Wright said that he could not let the remarks of Dr. Beakley pass by without commenting upon them; it was a subject of great importance, and should not be lightly dismissed. When the question of the success of homœopathy is disputed, we wish to be able to show that in a hospital at home we have had as favorable results of treatment as are given elsewhere.

Dr. Beakley thought the necessary funds could be obtained among the five thousand physicians of our country, by the subscription of a small sum each, and by soliciting their wealthy patients.

Dr. E. P. K. Smith submitted a paper on parturition. The most remarkable feature of one case was, that the patient married at twelve years and bore her first child, a healthy and well-formed one, at thirteen years and six months.

Other papers were also read. Among them was a case from obstetrical practice, by Dr. George A. Cox, of Albany. Reports were read from the Ophthalmic Hospital, New York; Bond Street Dispensary, New York; Homœopathic Dispensary, New York; Five Points' House of Industry, New York; Half Orphan Asylum, New York; and of the county medical societies of Albany, Broome, Chemung, Chautauqua, Columbia, Cayuga, Dutchess, Erie and Kings.

Dr. Bishop read a report on surgery, after which a discussion took place upon the best method of applying splints in cases of fracture.

The Society then took a recess from half-past one to three o'clock.

AFTERNOON SESSION.

Reports were read, on reassembling, from the Albany City Dispensary and the Margarettsville Retreat for the Insane.

Dr. Doty, superintendent of the last mentioned institution, said that the successful results of homœopathic treatment of the insane, were truly gratifying. He thought that fewer cases of failure would be found, than by means of any other treatment. He read the provisions of a bill to incorporate the Margarettsville Retreat for the Insane. Its capital stock is $50,000 with liberty to increase it to $200,000. We wish to secure the passage of this act of incorporation, and would urge every member of the profession to exert his influence in behalf of this measure.

A paper was presented and read by Dr. Morgan, of New York, on "Consumption in America."

A note was then read from the Governor, acknowledging the invitation of the Society to attend their sessions.

The auditing committee, through Dr. Clary, read the following report and resolutions:

The committee to whom was referred the Treasurer's report have performed their duty, and find it correct, and recommend its adoption. The same committee to whom was referred the suggestions and

recommendations of the Treasurer, with the resolutions thereto appended, have examined the same, with account of expenses for the last year, and discover some items of expense which may be omitted and others lessened; they, therefore, recommend the following as the appropriations for the current year:

For printing, stationery of every description, advertising, express charges, rent of room, postage, envelopes, circulars and bills, including postage of Corresponding Secretary, one hundred dollars;* stationery, postage, etc., of Treasurer, thirty dollars; for reporter, twenty-five dollars; Recording Secretary's salary, two hundred and fifty dollars; total amount of expenses for next year, four hundred and five dollars. In addition to the above, the Society has unpaid outstanding bills, ninety dollars and forty-eight cents; balance due Recording Secretary, thirteen dollars; total five hundred and eight dollars.

Now to meet this amount, your committee recommend the adoption of the following resolutions:

Whereas, It is shown by the report of the Treasurer that the present fees are inadequate to the support of the Society; therefore,

Resolved, That the by-law upon this point be set aside for the coming year, and that four dollars be assessed on each permanent member and delegate of this Society.

Whereas, Much ignorance exists on the part of the members in reference to the financial interests of the Society; therefore,

Resolved, That five hundred copies of the Treasurer's report be printed and distributed to the medical profession throughout the State.

LYMAN CLARY.
A. P. COOK.
A. W. HOLDEN.

The report of the committee was accepted.

An inquiry was made as to forwarding by express, and it was explained that some copies were sent to Washington to the Smithsonian Institution, there to be sent to Europe, and others were sent to Europe directly. Some were also sent to officers of other State Societies. The printing and advertising bills were examined, and the items were adopted, one by one.

The remaining clauses were then read, and the whole was adopted without alteration.

* Subsequently increased to $200.

The Secretary then announced the titles of some papers which had been received, one by Dr. O. E. Noble; also reports from the Buffalo City Dispensary, Poughkeepsie City Dispensary, Livingston county society, Monroe county society, and from the societies of the counties of Madison, Monroe, New York, Oneida, Ontario, Oswego, Otsego, Rensselaer, Saratoga, Ulster, Washington, Westchester, and Wayne.

A resolution was offered by Dr. William Wright, of Brooklyn, as follows:

Resolved, That hereafter, in the publication of the Transactions of the Society, the lists of presidents, vice-presidents, honorary and permanent members shall be arranged chronologically in the order of election.

EVENING SESSION.

The Society, on reassembling, was called to order by Dr. J. F. Gray, of New York.

Dr. Watson, the President, then read his annual address.

The subject was: "The Medical Profession, Its Duties and Responsibilities, and the Relation of the Homœopathic to the Allopathic Branch."

The speaker after narrating the history of the medical profession, described its cares and encouragements, and the progress it had made. In the homœopathic branch the success had been wonderful, having increased in New York over six hundred per cent in twenty-six years, and in a similar ratio of increase in nearly all northern, middle and western States. In every community there were skillful and successful homœopathic physicians.

"We have six homœopathic medical colleges in this country, and there are homœopathic dispensaries and hospitals in New York, Philadelphia, Boston, Brooklyn, Chicago, St. Louis, Cincinnatti, Harrisburg, Leavenworth, Newark, Pittsburg, Poughkeepsie, Troy, Rochester, Washington, Albany and Buffalo. We have twelve homœopathic periodicals. In this State there are upwards of eight hundred regular homœopathic physicians. Yet, with these advantages, we are denied admission into the army and navy, while a majority of the members of Congress and heads of departments are to-day firm adherents of this mode of practice. And why are they excluded? Is it by any legal or Congressional enactment? Not at all. Is it because the people of this country have at any time or in any way given to the allopathic profession a perpetual succession in the

army and navy? Not at all, but because the examining boards have chanced to be composed of allopathic physicians, and they, without law, yea in defiance of law, and without the slightest pretext of right so to do, have refused to admit homœopathic physicians and surgeons to even an examination for these places. Was a clergyman, otherwise qualified, ever refused a position as chaplain of a regiment during the late war because he was an Episcopalian, Presbyterian, Unitarian or Catholic? No such instance ever occurred.

"We have not a State religion. Have we a State system of medicine? Has this State, or any other State in this country, ever decreed that such a school of medicine, whether it be the allopathic, homœopathic, or the eclectic shall be *the* system of medicine, par excellence, and the only one to be tolerated in its public institutions; and that its high priests alone are eligible to positions of public trust and influence? I beg not to be misunderstood. The homœopathic branch of the medical profession raises no arrogant or puerile claim of exclusive legitimacy; it seeks not to monopolize all the charitable institutions of this country, as the allopathic school has done, and still seeks to do. We ask nothing but simple justice. We wish only as many appointments as we are justly entitled to by our numbers and intelligence.

"While we may differ with the practitioners of allopathy, we should treat them neither with bigotry and intolerance, nor with contempt; but rather with that chivalric courtesy, which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, *in certis unitas, in dubiis libertas, in omnibus charitas.*

At the conclusion of the address, Dr. Jones, of Albany, moved that the thanks of the Society be extended to Dr. Watson for his able address, and also requested a copy for publication. Carried.

After the adjournment of the Society for the evening the members attended a collation given by Dr. L. M. Pratt, at the Delavan House. After partaking of the bountiful supply of "good things," the company was called to order by the President, Dr. Watson, in the following remarks:

Gentlemen—As you have already been compelled to listen to me twice during the last twelve hours, I do not now propose to inflict myself upon you at any length for the third time. Should I venture to do so, I fear that you would not, like little Oliver Twist to the poor-house master, cry out, "Please, sir, I want some more;" but,

rather, like that master, seek to drive me to my seat; not, indeed, by blows from ladles, but by the no less disagreeable murmurs of ill-concealed disgust. I therefore call upon Dr. Wilder, who will make a few remarks.

MR. PRESIDENT—I had not been certain whether to construe this favorable reception as a compliment to myself, or as a courtesy due to an official relation which I have the honor to sustain. The manner, however, determines that question satisfactorily, and there is no occasion to stand upon farther ceremony. What little time I have had for attending the meetings of the Society has been pleasantly and profitably spent. The papers have displayed erudition, careful study, and a faithful endeavor at such elaboration, as would impart intrinsic value to the matters considered. The volume of your Transactions recently published, by order of our Legislature, shows, both by its dimensions and the subject-matter, that the members of your Society are not indolent laborers in the great field of healing art. As we all are associates in the great work of medical and scientific progress, I gladly accept your welcome, adding the hope that whatever sympathy, advancement and fellowship may now exist, will be but the precursor of a larger, more general, and catholic brotherhood in future years; for this, there is abundant occasion as well as opportunity.

It is not the time nor the place, neither am I the person, to instruct this assembly in relation to proper theories, or the rationale of the art of medicine. It might be in better taste to "sink the ship" altogether, and go in for a first class good time. Yet, as the company are pretty much all of a kind, and doubtless awake to everything that makes life, and such episodes in life cheery, there is no necessity to prescribe how the thing shall be done, but to take hold, and say and do as on an occasion like this the spirit shall move. The existence of your Society itself is a vivid and cheering evidence that the world has moved. For near a third of a century our allopathic neighbor, the New York State Medical Society, occupied the place of Joshua of the Scriptures, and regularly, year by year, bade the sun and moon to stand still; and was obeyed till 1844, a year memorable in the history of this commonwealth, the law made it impossible for any physician not licensed by old school authority to collect fees for professional services. Whoever spared the lancet, or refused to employ mercury in monstrous bulk, was designated an empiric, a quack, an irregular practitioner, against

whom respectability had shut its doors. He was one who had no place within the pale of reputable association, and it was always permissible to vilify him. It was accounted more honorable to die under the charge of a man denominated "regular," than to recover in the hands of one who had been thus attainted. In 1844, a petition signed by tens of thousands of free citizens of this commonwealth, was presented to the Legislature, asking that every physician should be awarded his rights equal before the law; the Legislature heard that prayer and annihilated the restriction; as Moses on a certain occasion burned the golden calf, stamped it with his feet and ground it to powder, the result was emancipation; the despotism of "old physic" was broken, shorn of its strength, like Samson; there has been one futile effort after another to make inquisitorial codes of ethics, and other methods of proscription competent to accomplish the same thing. For eighteen years there was—I do not say war in Heaven—but a stubborn hand-to-hand fight between allopathists and the proscribed practitioners; finally, in 1861, the war having aroused every latent feeling of loyalty, the result was, the choice of a Legislature in which everything but patriotism was subordinate; the Speaker, the late Hon. Henry J. Raymond, appointed a committee on medical societies that was not exclusive, and the result was that the New York State Homœopathic Medical Society, was made an incorporated body, with every power and dignity before monopolized by its allopathic rival; three years after, at the solicitation of my excellent friend, Robert S. Newton, M. D., of New York, it was my fortune, aided by such men as Senators Dutcher and Allaben, the latter an old school physician, Speaker Haskins, Assemblymen Lord, Pitts and Mark Wilbur, to obtain from the Legislature a charter for the Eclectic State Medical Society. However humble the origin of this school of physicians, it has attained, under the lead of such men as Morrow, Jones, Newton, Buchanan and their associates, not one whit behind its neighbors in the breadth of its knowledge, the thoroughness of its scientific attainments, the scope of its investigations, and I think I am warranted in adding the catholic liberality of its doctrines. Its chemists and pharmaceutists have directed their attention to the indigenous flora of the American hemisphere, and astonished even the savans of civilized Europe, with the multiplicity and the priceless value of their discoveries. You of the homœopathic school, and I do not feel myself quite distinct from your association and fellowship, have drawn liberally upon them in

the way of enriching your own *materia medica;* thus the two have gone hand in hand in their walks of usefulness; this is gratifying; this is as it should be; the words of the patriarch Jacob are strikingly in analogy, "with my staff I passed over this river, and now I am become two bands." Your physicians and Society are doing a mighty work. Every proving which you display widens the field of medical knowledge, and increases the power of the scientific practitioner. You have developed a power in the remedial agents which had not been supposed to exist; often bringing it forth where the agents had been regarded as inert. You have helped set the world a thinking; and the records of two hemispheres abound with testimonials of your merit. It is not possible now to charge you with being fanciful in your theories; the best intellects in the world are on your side; the higher the refinement and culture, the stronger is the faith in the potency of reformed medicine; the more thoroughly men are instructed in the healing art, and hygiene, the more powerful is the homœopathist, the eclectic, and, indeed even the sensible and intelligent nurse.

But gentlemen this is only a partial view of the field, medicine alone is but subordinate in importance, we are coming to a more full recognition of another agency. That of the mental conditions of the sick. We have need of more investigation in this direction; we need to study human nature upon its psychological side. The human soul, its peculiar votive operations, action upon the body, the sympathies that pertain to it, are all important matters for the medical adviser to understand. It may not be so easy to say how such knowledge can be acquired, and yet every physician is conscious of its necessity. I have indulged the idea that the peculiar magnetic, and perhaps psychological elements or aliments evolved by the manipulating of remedial agents, constituted the real dynamic potencies of which they tell us, and so have sometimes imagined that perhaps man, possessing the philosophy of which I have suggested would be the future Keplers, and Galileo's, that are to unfold the occult laws that control the universe, and trace out how material nature and its elements consort with and are permeated by the interior vital nature of man.

There is, however, another subject to which I beg leave to call attention; at the present time all practitioners are equal in civil rights, but there the matter stops; the reformed schools are not alike eligible to honorable official distinction, there is no statute against

them, but a secret cordon which no appointing power ventures to cross over. Three years ago I addressed your Society in favor of demanding on the new Health Board in the Metropolitan district, the appointment of a physician, not of the old or allopathic school. No such appointment was made; and I was assurred that if any homœopathist, or other physician had been appointed, none of the allopathists would have accepted office. I would have given them a chance to decline; this exclusion should be broken through. The health officer of the port of New York is always of the old school; all, or almost all military and naval appointments are from the same number; and every physician of the Board of Health, in like manner is one of the mystic order of "old physic."

It is time for us to be aggressive; I mean, to require of the appointing authorities, equal and favorable extension of official distinctions to deserving and intelligent eclectic and homœopathic practitioners. The new Governor is more favorable to such matters than his predecessors, but there has not been yet sufficient progress made in that direction, we must associate our endeavors and persist, till we shall have accomplished the matter. Institutions are in operation now to teach every department of liberal medicine; there are colleges enough; there are dispensaries; there is a hospital chartered and about to go into operation. All this is well; it assures whatever progress we have made. But we must be aggressive and take possession of every field that is now held guarded against us. We are obtaining recognition so far as respect, ability, reputable standing and erudition are concerned, from the most intelligent in every part of the world. Progress is evident on every side. We have this work before us let us hold fast till we accomplish it; let us magnify our vocation, and emulate each other in generous rivalry, establishing for each of ourselves the honorable position which the true physician always holds—the priest of nature and her expositor.

At the conclusion of Dr. Wilder's remarks, Hon. J. Stanton Gould, the eminent agriculturist, and who is also known as being well versed in medicine, was called upon. Mr. Gould said that his memory of the practice of the art of healing went back a long way; he had faint recollections of it when a child, but he had most undoubted memory of the experiments upon himself when young, and also upon others. Long ago he was called upon to see a child suffering from colic. The worthy physician thought the infant was suffering from croup, and gave that time-honored remedy, syrup of squills, the memory of the taste

of which still lingered in his mouth from his own trials. He had had no knowledge of homœopathy until about 1830, when Dr. John H. Griscom, now an eminent unbeliever in the truths of the new practice, but then a searcher after truth, had bought him some pamphlets, in which Hahnemann's system was plainly set forth, but briefly. The ideas of this great man had so impressed his mind, that he had the greatest desire to learn more, and had assiduously followed the study of German to acquire a better knowledge. For in that day there was little written in English about the new medical practice, and physicians of that faith were few and far between. His own family adviser had also studied the matter, and commenced its practice on Mr. Gould's children with the happiest effect. As soon as he had learned that this course of treatment had been so successful, he had allowed the continuance, and he regarded it as one of the greatest improvements of science. This was in 1838. Mr. Gould closed by relating a humorous anecdote of President Lincoln, bearing the true flavor.

Doctor I. S. P. Lord said: The gentleman who preceded me said, that it must be admitted that the old school was non-progressive. It strikes me that there is some mistake here. The boast and glory of the adherents of ancient physic are its antiquity. They trace its existence back to Celsus, Hippocrates, Noah, Adam, and farther, so far as I can learn. Now I apprehend that no one will doubt that they have improved upon the crude medication of "antediluvian physic." And all that belongs to ancient physic, as they claim for their own all the puking, and purging, and bleeding, and cauterizing from the creation of the world down to Samuel Thompson and Pill Box Brandreth. If an old woman gave a dose of herb tea and the patient did not die directly or very soon, that herb was at once incorporated among the remedial means, and went, slap, into the materia medica of old physic, and great was the cackling thereat. For nine days it was the "elixir of life," a sovereign specific, and every disease had to taste it. By this cumulative process, the materia medica became stuffed to repletion with all sorts of creeping, flying, and abominable things. * * *

In short, ancient physic has, first or last, subordinated almost every substance in nature, and every form of matter, clean and unclean. All the kingdoms of the earth have been laid under contribution. Even the American Indians were compelled to furnish their quota, and thus ancient physic was enabled to cut away many of the foul, and unclean, and abominable—and that was progress.

But even their barbarous tortures have been modified. The people would not stand it. Hot irons, butcher's knives, and boiling water were displaced by bleeding, blistering and caustics, and these in turn by chemicals, anæsthetics and vapor baths. In fact, so far from torture, it is a luxury now to be cauterized, and surely that is progress? And cannot we see progress in their prescribing rancid fish oil, and bourbonized fusil oil for consumption, and, finally, who can doubt progress when half their prescriptions are patent medicines, as they have come to be?

But multitudinous as are their therapeutic agents, they avail them little, since they have no law to direct them in their use, so that their treatment of disease is grossly empirical, "a mere cut and try," like the "scribe rule" of olden time.

However well posted they may be in the collateral sciences, they know as little of medicine, proper, as do the "Fejee Islanders" of algebra and conic sections. They know not what a medicine will cure, and they know as little when it kills.

They cannot, when they give a dose of calomel, predict with any confidence what it will do; or if it will do anything. It may, for aught they know, vomit, or purge, or cause pain, or inflammation, or swelling of the glands, or disease of the bones, or cornea, or something, or anything or nothing.

But their ignorance, great as it is, is only equaled by their intolerance. Like Nebuchadnezzar, they set up their image on the plain, and whoever will not bow to the donkey, is tabooed. They are relentless persecutors. Every device of unscrupulous mendacity is put in requisition. "The best of them is a briar, and the most upright as a thorn hedge."

Their insufferable arrogance and immeasurable impudence is truly wonderful when we consider the "rock from which they were hewn, and the hole of the pit from which they were digged."

The creatures have indeed gone so far as to say that they would not counsel with me. I have lost no sleep on that account; and truly we might say, without irreverence, what concord hath Christ and Belial, or what part hath he that believeth with an infidel, or what communion hath light with darkness? In such a case I have said, and would say again: Sir, I was educated in most of the learning of the schools before I studied medicine. I was brought up at the feet of a Gamaliel of ancient physic, an army surgeon, a Pharisee of the Pharisees, after the strictest sort; one who would have hung Hahnemann and burned

Thompson at the stake. I was crowded through the colleges, and learned about all they considered worth knowing. I have since kept myself well posted. In brief, sir, I know all that you know, and I know more. I understand something of homœopathy, and that you do not and never can know. And is it an objection that I know more than you? Perhaps it is a good one; I think it is. You would be ashamed. Why, I would give the best hat I ever had to forget all you know, or ever will know; it is only a bother to me. And so you will not counsel with me? Very well, I like that. When I need advice I always prefer to ask it of some one who knows something that I do not. That can never happen in your case. This is the "short method" of treating quacks.

The doctor continued for nearly half an hour, full of jest and sarcasm on the allopaths, all keenly pointed.

Dr. Hand, of Binghamton, congratulated the Society on the great progress that homœopathy is making, in our State and nation, from evidence we have from every quarter; and said:

I very cordially sympathize with the gentlemen who have just spoken, in their high hopes and well founded expectations that our glorious system of practice will finally triumph over all opposition, and be universally accepted.

We have already passed the period of time when homœopathy was despised; when its educated practitioners were always spoken of as *quacks*, and denounced and belied with a bitterness of hostility which none but a true allopath can perfectly exemplify. Twenty years have made a great change in the spirit of their dreams. This is true, especially in the place of my residence. Time and experience have softened them wonderfully. In 1847, and for some years after, it was my fortune to stand essentially alone in our county in the practice of homœopathy. From my former relations with the old Society, having been a member for twelve years, and been honored at different times with all their offices, when I changed my practice I incurred their special displeasure. Now, I always had a kind of belief in the doctrine of total depravity, but I must say that my new experience with my allopathic brethren greatly strengthened me in that belief. There were depths, I found, that I had not before sounded. I could not think that men of fair character, and, in many respects valuable members of society—professedly pious—could be actuated by that spirit of unfairness, petty spite and malignant meanness that constantly annoyed me. But, gentlemen, I need not

describe these things to you, especially to you who have been pioneers in this cause. You have all passed through a similar experience.

But these are things of the past. Our friends of the old school begin to think better of us; they are using many of our remedies. They say they are very good in some cases, but they are nothing new; they always understood their use as well as we. One word more as to myself. Instead of standing alone in Broome county, we have nine or ten of our school practicing sucessfully. Our county society, if not quite as numerous as that of the old school, I think are regarded as quite as learned and respectable.

The practice is respected. It has its main support, as it has everywhere, among the very best and most intelligent classes of society.

We have so modified public opinion on the subject of medical practice that the allopaths find it impracticable to resort to their old heroic practice, such as blood letting, salivation, emetics. We seldom hear of such things in Binghamton.

Doctor Hand then proceeded to illustrate in a comprehensive manner the so called system of allopathy, if a thing can be called a system which consists in the mere grouping together of accidents and the results of empirical experiments, without any scientific basis or proper apprehension of the nature of medical action in the cure of disease. Our allopathic brethren claim to be scientific "par excellence" exclusively, and all other practitioners they denounce as empirics. Now, of all the ridiculous pretenses ever put forth by any class of men, this claim, on their part, of being the exclusive conservators of science is the most preposterous?

Of the collateral sciences they avail themselves, of course, as we all do. They have made proficiency in anatomy, physiology and chemistry, as have also homœopathists to an equal extent. But in their therapeutics, in their knowledge of remedies, in their knowledge of the nature of medicinal action in the cure of disease they set at defiance every thing that can be called scientific? What is science, let us inquire? Why, I suppose it is knowledge systematized, facts grouped together bearing a certain relation to one another, and to a central idea to which they are all related. Now, any true system of science will show us these relations distinctly, so that we may avail ourselves of them practically. But what is the great central idea of allopathy? They have none. They resort to any and every expedient in the treatment of disease that accident or the theory of somebody shall chance to suggest to them, however absurd these

agencies may be, or inconsistent with each other. They bleed and purge, and vomit and blister, and scarify and salivate, and stupify and stimulate; sometimes all of these in the progress of a single disease, hoping that something may turn up in their favor from the effect of some of these; and if the poor unfortunates, with the aid of a good constitution, chance to recover, in spite of these abominations, they claim a triumph for scientific practice. Now, what relation have these conflicting and incongruous methods to one another, or to the true indication of treatment of any disease? These so called agencies have been popular in their day, and at times abandoned every one of them. Their *modus operandi* has been explained in ways as numerous as the practitioners who have expressed an opinion. To call such a farrago *science* is too ridiculous!

But the allopaths have a class of remedies with which they sometimes make cures. They confess their entire ignorance of the mode of their operation. They call these medicines alteratives, and sometimes by other names. They say that they remove disease by a silent action, imperceptible, except in the gradual yielding of the disease. Some of these are mercury, iodine, antimony, iron, sulphur, conium, etc. Now all of these are well known homœopathic remedies, selected by us not hap-hazard as by them, but scientifically. Our great central idea, to which all the facts in our truly scientific system are related, which is expressed in the words "*similia similibus curantur*," enables us to select our remedy with a certainty entirely unknown to the followers of any other system.

Ours is the only system of medicine based on the true principles of science. It answers every condition in my definition of science. Other practitioners remove disease, but I believe they do so always in accordance with the homœopathic law, not recognized by the practitioner, but though administered empirically meeting the essential requirements of the case.

Gentlemen, in this question of science let us carry the war into the enemies' camp; their pretensions are preposterous, and can be so made to appear to all reasonable persons. This claim to be scientific is their strong weapon with which to oppose us and delude the people. Let us dash it to the ground, which we may do, and our triumph is certain.

Gen. Marsena R. Patrick described his introduction to homœopathy, and the success which had attended its practice in the army. He owed great debts of gratitude to the skillful physicians who had

carried him and his family through illness, and should always be proud and happy to boast of his acquaintance with the professors of the true healing art.

Dr. Wm. Wright was excused, after appealing to the Society, from making any remarks.

Drs. Clary and Wilder indulged in reminiscences of the early days of homœopathy in Onondaga county, where it had required an iron nerve to separate from the old school, on account of the obloquy showered upon them. Now-a-days more respect was shown.

Dr. Holden moved the thanks of the guests present to Dr. Pratt, of Albany, for his bountiful entertainment. It was unanimously carried.

At a late hour the company adjourned.

SECOND DAY'S PROCEEDINGS.

Wednesday—Morning Session, *February* 10.

The Society met at 9 o'clock. The President, Dr. Watson, in the chair.

Dr. Waldo, chairman of the committee on nominations, submitted the following report. The nominations of officers for the ensuing year were confirmed by ballot. The committees were elected *viva voce.*

WILLIAM WRIGHT, M. D., 34 Fifth street, Brooklyn, President.
E. B. HOLMES, M. D., Canandaigua, First Vice-President.
HENRY MINTON, M. D., Brooklyn, Second Vice-President.
E. P. K. SMITH, M. D., Auburn, Third Vice-President.
E. D. JONES, M. D., 140 State street, Albany, Cor. Secretary.
H. M. PAINE, M. D., 104 State street, Albany, Rec. Secretary.
WM. S. SEARLE, M. D., 119 Montague street, Brooklyn, Treasurer.

Censors.

Drs. Harmon Swits, Schenectady.....	Northern District.
William H. Barnes, Chatham Four Corners	"
Charles H. Carpenter, 1 Fifth street, Troy.	"
H. C. Jones, Mount Vernon.....	Southern District.
J. McE. Wetmore, 278 Fourth ave., N. Y.	"
C. Theodore Leibold, 6 Lexington av., N. Y.	"

Drs. C. Judson Hill, 4 Columbia street, Utica..	Middle District.
Norman Getman, Richfield Springs	"
George B. Palmer, East Hamilton	"
Rollin R. Gregg, 42 S. Division st., Buffalo	Western District.
G. W. Peer, Rochester	"
J. M. Cadmus, Hammondsport	"

EXECUTIVE COMMITTEE.

Drs. William Wright,	Drs. E. B. Holmes,	Drs. Henry Minton,
E. P. K. Smith,	E. D. Jones,	H. M. Paine,
	W. S. Searle.	

COMMITTEE OF PUBLICATION.

Drs. H. M. Paine	104 State street, Albany, Albany county.
E. Darwin Jones ...	140 State street, Albany, Albany county.
Lester M. Pratt.....	58 Columbia, cor. of N. Pearl, Albany.

NOMINEES FOR HONORARY MEMBERSHIP.

John Drummond, M. D., 145 Strangeways, Manchester, England.
John Drysdale, M. D., 36 A. Rodney street, Liverpool, England.
John J. Edic, M. D., 134 Shawnee street, Leavenworth, Kansas.
——— Von Grauvogle, M. D., Nuremberg, Germany.
H. R. Madden, M. D., 16 Westbourne street, Hyde Park, W. London, England.
D. G. Woodvine, M. D., 739 Tremont street, Boston, Mass.

NOMINEES FOR PERMANENT MEMBERSHIP.

Drs. J. W. Mitchell	New York.
H. B. Millard	New York.
H. N. Avery.....	Poughkeepsie.
H. E. Morrill	Brooklyn.
F. W. Ingalls	Kingston.
C. G. Clark	Troy.
G. H. Beach	Sandy Hill.
J. N. White	Amsterdam.
L. B. Waldo	Oswego.
S. C. Knickerbocker	Watertown.
E. C. Bass	Cazenovia.
H. Doty.....	Margarettsville.
C. E. Swift.....	Auburn.
W. M. Gwynn	Throopsville.

Drs. H. S. Hutchins..... Batavia.
A. T. Bull..... Buffalo.

On motion, the President was authorized to appoint the usual medical committees, and the delegates to State Medical Societies.

Committees on Materia Medica.

Drs. F. S. Bradford, 112 Fourth avenue, New York.. First District.
S. C. Hanford, 113 South 5th st., Brooklyn, E. D. Second do
F. W. Ingalls, Kingston, Ulster county..... Third do
B. F. Cornell, Moreau Station, Saratoga county. Fourth do
L. B. Wells, 225 Genesee st., Utica, Oneida co.. Fifth do
G. B. Palmer, East Hamilton, Madison county. Sixth do
C. W. Boyce, Auburn, Cayuga county ..... Seventh do
L. M. Kenyon, 86 West Mohawk street, Buffalo, Erie county ..... Eighth do

Committees on Epidemics.

Drs. J. W. Dowling, 58 West 25th street, New York. First District.
H. C. Jones, Mount Vernon, Westchester county. Second do
T. T. Calkins, Hudson, Columbia county ..... Third do
G. W. Little, Fort Edward, Washington county. Fourth do
Wm. L. Woodbury, cor. Cayuga and Second streets, Oswego, Oswego county..... Fifth do
Edward C. Bass, Cazenovia, Madison county.... Sixth do
L. H. Reynolds, Brockport, Monroe county .... Seventh do
E. G. Cook, 38 East Swan st., Buffalo, Erie co... Eighth do

Committees on Clinical Medicine.

Drs. A. P. Throop, 223 West 34th street, New York. First District.
Albert Wright, cor. Bedford avenue and Broadway, Brooklyn, E. D..... Second do
W. H. Barnes, Chatham Four Corners, Columbia county ..... Third do
H. A. Houghton, Keeseville, Clinton county.... Fourth do
L. B. Waldo, 92 West 3d street, Oswego, Oswego county..... Fifth do
Ira C. Owen, Sherburne, Chenango county..... Sixth do
M. F. Sweeting, South Butler, Wayne county.. Seventh do
R. S. Bishop, Medina, Orleans county..... Eighth do

COMMITTEE ON STATISTICS.

Drs. H. M. Smith, 105 Fourth avenue, New York.
F. W. Hunt, 107 West 36th street, New York.
S. B. Barlow, 55 East 21st street, New York.
Henry D. Paine, 229 Fifth avenue, New York.
E. M. Kellogg, 21 East 20th street, New York.
J. W. Mitchell, 19 West 21st street, New York.
M. M. Gardner, 4 Columbia street, Utica, Oneida county.
H. M. Paine, 104 State street, Albany, Albany county.

SPECIAL COMMITTEES.

Drs. C. Th. Leibold, 6 Lexington avenue, New York, *Ophthalmic Surgery.*
H. B. Millard, 7 East 27th street, New York, *Pulmonary Diseases.*
B. F. Joslin, 50 West 29th street, New York, *Insanity.*
Hilan Doty, Margarettsville, Delaware county, *Insanity.*
Henry Minton, 138 Remsen street, Brooklyn, *Uterine Diseases.*
T. F. Allen, 3 East 33d street, New York, *Microscopy.*
John F. Gray, 38 East 20th street, New York, *Medical Education.*

DELEGATES TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Drs. Jacob Beakley, Gramercy Park House, New York.
Albert Wright, corner Bedford avenue and Broadway, Brooklyn.
L. M. Pratt, Albany, Albany county.
P. W. Mull, Saugerties, Ulster county.
B. F. Cornell, Moreau Station, Saratoga county.
A. W. Holden, Glen's Falls, Warren county.
I. S. P. Lord, Poughkeepsie, Dutchess county.
W. S. Searle, 119 Montague street, Brooklyn.

DELEGATES TO THE WESTERN INSTITUTE OF HOMŒOPATHY.

Drs. A. R. Morgan, 10 Livingston Place, New York.
E. G. Cook, 38 West Swan street, Buffalo.

DELEGATES TO THE MAINE MEDICAL SOCIETY.

Drs. Henry Minton, 138 Remsen street, Brooklyn.
H. E. Morrill, 88 Orange street, Brooklyn.

Delegates to the New Hampshire Medical Society.

Drs. S. C. Hanford, 113 South 5th street, Brooklyn.
H. A. Houghton, Keeseville, Clinton county.

Delegates to the Vermont Medical Society.

Drs. B. F. Cornell, Moreau Station, Saratoga county.
Charles Lowrey, Homer, Cortland county.

Delegates to the Massachusetts Medical Society.

Drs. E. B. Holmes, Canandaigua, Ontario county.
E. D. Jones, 140 State street, Albany, Albany county.

Delegates to the Connecticut Medical Society.

Drs. A. W. Holden, Glen's Falls, Warren county.
H. M. Smith, 105 Fourth avenue, New York.

Delegates to the Pennsylvania Medical Society.

Drs. Lyman Clary, 54 Warren street, Syracuse, Onondaga county.
W. S. Searle, 119 Montague street, Brooklyn.

Delegates to the Michigan Medical Society.

Drs. C. W. Boyce, Auburn, Cayuga county.
E. B. Cole, Waterford, Saratoga county.

Delegates to the Indiana Medical Society.

Drs. L. B. Wells, 225 Genesee street, Utica, Oneida county.
T. L. Brown, 45 Collier street, Binghamton, Broome county.

Delegates to the Illinois Medical Society.

Drs. G. A. Hall, Westfield, Chautauqua county.
W. H. Watson, 270 Genesee street, Utica, Oneida county.

Delegates to the Ohio Medical Society.

Drs. A. R. Wright, 162 Pearl street, Buffalo, Erie county.
L. M. Kenyon, 86 West Mohawk street, Buffalo, Erie county.

Delegates to the Missouri Medical Society.

Drs. H. M. Paine, 104 State street, Albany, Albany county.
William Wright, 34 Fifth street, Brooklyn, E. D.

DELEGATES TO THE RHODE ISLAND MEDICAL SOCIETY.

Drs. G. E. Belcher, 43 East 21st street, New York.
L. M. Pratt, 58 Columbia street, Albany, Albany county.

DELEGATES TO THE NEW JERSEY MEDICAL SOCIETY.

Drs. H. D. Paine, 229 Fifth avenue, New York.
R. McMurray, 192 Second avenue, New York.

Dr. Paine offered the following resolution:

Resolved, That a committee be appointed who shall make known to this Society, what action, if any, is necessary to be taken in regard to the Margarettsville Retreat for the Insane.

Dr. Munger spoke in favor of the establishment of an asylum as proposed by Dr. Doty.

The resolution was passed and the following committee was appointed: Drs. H. N. Avery, R. S. Bishop, and F. W. Ingalls.

Dr. Wright read a brief paper, whose title is elsewhere given, on the subject of scarlet fever.

Dr. Hand said that a friend had, in his neighborhood, noticed a very rapid spread of scarlet fever after a single case had been exhibited. Another case he knew where a family had removed two miles from the village, to be away from the contagion, where every member was attacked four weeks after. In another family, in Binghamton, all except one had been attacked, and that one, on a repetition of the disease, also suffered from it.

Dr. Searle, chairman of the committee on clinical medicine for the third district, presented and read a report.

A paper on "Placenta Prævia," by Dr. Henry D. Paine, was presented and read by the Secretary.

Dr. Searle offered the following resolutions:

Resolved, That a semi-annual meeting shall be held during the coming year in New York city, and during the succeeding year in the city of Rochester.

Resolved, That these meetings shall be wholly devoted to the discussion of subjects of medical or surgical interest; and that no business transacted at these meetings shall be binding upon the State Society until reviewed and adopted at a succeeding annual meeting.

Resolved, That the time of holding these meetings shall be on the second Tuesday of September.

Dr. Holmes opposed going to New York, and moved to substitute Rochester for New York. Lost.

The original motion was then carried.

Dr. Holmes offered the following:

Resolved, That all papers and reports which have been presented at this meeting of the Society, and such others as may be in course of preparation, and shall reach the Secretary in proper time, be submitted to the publishing committee with power.

Afternoon Session.

A paper entitled "Senile Gangrene" was presented and read by Dr. Lowrey.

Dr. Waldo was called to the chair, when Dr. I. S. P. Lord read a paper, entitled "Posology: a Critique."

The Committee on the Margarettsville Retreat for the Insane, through Dr. Avery, presented a report, as follows:

We, the undersigned committee, appointed to report upon the necessary steps to be taken with a view to the organization of the Margarettsville Retreat for the Insane, respectfully recommend the early establishment of an institution for the treatment of the insane as proposed by Dr. Doty, of Margarettsville, New York.

The committee recommend the adoption of the following resolution:

Resolved, That public or private institutions under the care of homœopathic physicians or surgeons, should receive the united support of the medical profession and adherents of the homœopathic system of medical practice in this State.

HENRY N. AVERY.
R. S. BISHOP.
F. W. INGALLS.

The report was accepted, and the committee continued.

Dr. Ormes offered a resolution, requiring the Secretary to furnish the volumes of Transactions to the Secretaries of the several county Societies, without expense to the State Society. Adopted.

A paper presented by Dr. R. R. Gregg, entitled "Leucorrhœa," was read by Henry N. Avery.

The Secretary read a letter from Dr. I. T. Talbot, Secretary of the American Institute of Homœopathy, in which he stated that the code of ethics prepared by that Association had been adopted by

several State Medical Societies, and recommended that the same action be taken by the Society of the State of New York. The suggestion was complied with, and the code of medical ethics adopted.

Drs. W. S. Searle, Carroll Dunham and H. M. Paine were appointed a committee on the part of the Society, to examine the United States Dispensatory, to be published by Dr. E. A. Dodge, of Detroit.

The Secretary read a paper presented by Dr. A. R. Morgan, entitled "Consumption in America."

Dr. Wright presented a clinical report of four cases from practice.

The following papers were read by title during the course of the day:

"The Dose," by P. P. Wells, M. D., of Brooklyn, N. Y.

"Scarlet Fever," by P. P. Wells, M. D. Report on Clinical Medicine.

"Tabes Mesenterica," by D. A. Gorton, M. D., of Newburgh.

"Northern Home for Friendless Children, Philadelphia; Synopsis of Medical and Surgical Reports while under Homœopathic Treatment;" by B. W. James, M. D.

"Gleanings from Ancient Medicine," by E. B. Holmes, M. D., of Canandaigua.

"Entozoa," by D. G. Woodvine, M. D., of Boston, Mass.

"Report on Surgery; Intra-capsular Fracture of the Neck of the Femur;" by R. S. Bishop, M. D., of Medina."

"Obstetrics;" Report; by G. A. Cox, M. D., of Albany.

"Life," by I. S. P. Lord, M. D., of Poughkeepsie.

"Alcoholic Liquors predisposing the Generation of Syphilis and Gonorrhœa," by J. Hornby, M. D., of Poughkeepsie.

"Obituary Notice of Dr. Joel Bryant," by Henry Minton, M. D.

"Does our Food Generate or Transmit Disease?" by B. W. James, M. D., of Philadelphia.

"Hydrothorax," by I. T. Talbot, M. D., of Boston.

"A Case of Catarrhal Colitis, resulting in Ulceration, cured by Oleum Terebinthinæ," by E. M. Hale, M. D., of Chicago.

"Report of Epidemics in Fifth District," by T. D. Stow, M. D.

"Provings of Trifolium Pratense, and of Salix Purpurea," by T. C. Duncan, M. D.

"Fibroid Tumors," by H. Minton, M. D.

"Obituary of Dr. Matthews," by T. C. White, M. D.

"A Report of a Case of Cancer," by B. F. Cornell, M. D.

"A Report of Cases of Cerebro-spinal Meningitis," by C. H. Carpenter, M. D.

Evening Session.

On motion, a new ballot was held in the case of Dr. Sherman, who had not received sufficient votes in the morning, and his nomination was recommended.

Dr. Alexander Wilder stated that there were several important questions which concerned physicians particularly. One of these was population itself. Go through our rural school districts, and we shall find that the number of children are becoming less and less. The American born inhabitant is passing from off the face of the land, the foreigners in this country producing more children than the Americans. It is true that nations of a lower grade produce more prolific progeny than those of a higher. This rule is found in animals as well as in men. He was afraid if this continued for a century that the native American would no longer be in existence. Expense was one of these reasons, and abortion another. Persons who follow this trade were getting rich in all the great cities, not only by unlawful acts, but by the assistance which they render to respectable families. There were strong elements in the solution of the problem, but not sufficient for the whole. He himself would ascribe it to the hybridization of races, a result which always occasioned a weakening and a dying out. In conclusion, he urged the value of the study of these questions, and also the cultivation of courtesy among practitioners.

The committee on the inaugural address of the President reported as follows:

The committee, appointed to consider the inaugural address of the President, cordially indorse and recommend the early completion of the hospital in the city of New York in connection with the Homœopathic Medical College. The suggestions in relation to the establishment of homœopathic dispensaries in the State are pertinent, and an increase of their number is recommended. With regard to the non-appointment of homœopathic medical examiners by insurance companies, the committee recommend action on the part of county medical societies like that taken by the Albany County Homœopathic Medical Society, as recorded in the State Transactions for 1866. The committee consider the formation of county societies highly important

to the promotion of the best interests of homœopathy and the support of the State Society. The committee desire to encourage every effort tending to promote the elevation of the standard of medical education and the suppression of empiricism, and with this end in view we would recommend the appointment of a permanent committee on medical education. The committee cordially approve the suggestions having reference to private and public institutions under the care of homœopathic physicians and surgeons for the treatment of the insane. All of which is respectfully submitted.

H. M. PAINE.
H. N. AVERY.
E. P. K. SMITH.

The report was adopted.

Dr. Lord said, in reference to the action of bryonia, that it was a good remedy for cases of obstruction of the ducts in the mammary glands.

Dr. Rich having been called upon, made some remarks upon the history of improvements in medicine, and upon the history of homœopathy. It has attained its present position in spite of great obstacles, and has materially altered the allopathic practice.

Dr. Hand related his experience with arnica. He had used it successfully in cases where illness had been occasioned by over exertion, and he had cured persons by it who had been said by physicians of the allopathic school to be suffering from organic diseases of the heart. Having lost five children before he became a homœopathic physician, he firmly believed that the administration of homœopathic remedies had saved two since he had changed. He concluded his remarks by a brief history and description of the Inebriate Asylum at Binghamton.

The committee appointed to prepare a draft of a form of a certificate for honorary, permanent and delegated members, presented a report, which was accepted. The committee stated that the expense of engraving the proposed form would be one hundred dollars. They were authorized to procure the engraving, provided it could be done without expense to the Society.

The Secretary read letters from the following honorary members: Dr. Talbot, of Boston; Dr. Pomeroy, of Detroit; and Dr. Williamson, of Philadelphia. Also, letters from the following permanent members: Dr. Paine, of New York; Dr. Morgan, of New York; Dr. Gray, of New York; Dr. Wells, of Utica; Dr. Couch, of Westfield; Dr. Chase, of Essex; and Dr. Sweeting, of South Butler.

A resolution of thanks was tendered to the retiring officers, to Dr. Sprague, and the speaker of the previous evening.

A vote of thanks was given to the Common Council of the city of Albany, for the use of the Common Council Chamber.

A vote of thanks was also tendered to Drs. Hand, Wilder and Rich for their interesting addresses.

Dr. John F. Gray was constituted a committee on education.

Before adjourning, the President, in a few pertinent remarks, thanked the members of the Society for the kindness and consideration they had extended to him.

The Society then adjourned *sine die.*

The attendance at this meeting was large, the papers and reports read were of more than usual interest, and general concord and good will prevailed.

H. M. PAINE,
Recording Secretary.

ARTICLE II.

The Medical Profession; Its Duties and Responsibilities; and the Relations of the Homœopathic to its Allopathic Branch.

Gentlemen of the Homœopathic Medical Society of the State of New York, Ladies and Gentlemen.—When I cast my eyes over the intelligent audience which I have the honor of addressing, and reflect upon the important part which many of those around me are now acting upon the eventful stage of life, I feel that no small responsibility has devolved upon me by your choice; for I regard this occasion as being observed not for the transaction of a mere legal ceremony provided for by our constitution, but as a more solemn, grave and important meeting, when this Society expects from the speaker a careful attention in the selection of his topic and in his manner of treating it. He, therefore, who on such an occasion as this, should presume to occupy your time with light and trivial declamation, ought justly to receive in place of commendation, the painful proofs of your disfavor.

Such an occasion for giving a regular, systematic and fruitful direction to your thoughts, cannot with propriety be neglected, and yet it is but justice to myself to remark that so many gentlemen of talents and erudition fully qualifying them for the task, have preceded me in this appointment, that small and narrow space remains for their successors to stand upon. I have, therefore, but to hope that the subject I have chosen upon which to offer a few plain remarks, may not prove entirely devoid of interest.

I propose to call your attention this evening, to the subject of the *medical profession, its duties and responsibilities, and the relations of its homœopathic to its allopathic branch.*

In all ages and in every stage of social development and civilization, the ability to relieve suffering and to prevent disease and its concomitant anxieties, has been regarded as the noblest attribute of humanity. Its antiquity is coeval with that of the human family, and it has been claimed throughout all ages and in every nation. Attempted by the Egyptian priest and Grecian philosopher in the times of paganism, it was miraculously exercised by the divine founder of our holy religion, who ranked it among the first of all good

works, as superior in efficacy to the learning of the Pharisees and the ceremonial of the temple. The Druid priest resorted to the aid of medicine amid the primeval oaks of ancient Britain, and administered his simple herbs within the sacred grove amid the burning of fragrant incense and sacrificial offerings to propitiate the mercy of an offended Deity. During the long night of intellectual darkness, when barbaric sway seemed to have no other impulse than that of destruction, and when every man looked on a stranger as his foe, religion, learning and medicine in triple alliance, sought refuge in the monastery, for each in turn to cast ahead the light of hope and stay the increasing gloom. The sainted recluse, joined to the study of the fathers of the church, a reading of the works of Galen and Hippocrates, and while he shrived the sins of the waylaid traveler or received the confessions of the fallen knight, not unfrequently did he dress their wounds.

Medicine has ever been the chosen companion and attendant of religion. Perhaps there is no time when we can find so ready an access to the heart as during the period of convalescence from a severe disease. When he who has hitherto enjoyed all the powers and energies of manhood to the full, has found himself suddenly reduced, by the unnerving hand of sickness, to the feebleness of infancy; when giant strength has been laid prostrate, and busy activity has been chained to the weary bed, how sensibly is the conviction forced upon us of the frailty of that vigor, which in our boisterous days of health we madly thought an adamantine armor against all adversity. Then, when we have been led to the very brink of that precipice, over which we must surely fall, when the inside of our future grave has been displayed, as it were from the very verge, and while the languor of our whole frame is associated with all the softer and more placable emotions of our nature, no counselor can find so ready access to the ear of the recovering invalid as his physician, to whom, under heaven, he stands indebted for escape from death. This friend does not approach him with the air of a severe censor and inflexible moralist, but as a kind monitor, who gently indicates the deviations from prudence and propriety which led to his disease, and the risk of its renewal, unless restraint be imposed on all animal indulgence, and passionate mental excitement. Without a possibility of the slightest suspicion of selfish purpose he points out the conduct which, while it preserves health, fortifies morality, and leaves the confiding patient open and prepared to receive the holy

influence of religion. So intimate is the connection between physical comfort and moral well being, that the one cannot be seriously affected without the other suffering.

No other profession, my brethren, is so essentially benevolent and disinterested as our own. Other callings, in addition to their legitimate compensations, offer inducements external to themselves.

The warrior, who for glory, the representative of power, advances to the cannon's mouth—the statesman who toils to be the guide of a nation's destiny, and to have his name transmitted with honor to posterity, find incentives and rewards external to themselves, and, alas! not unfrequently destructive of the peace and happiness of their fellow men. The merchant, who toils for wealth and social distinction, hopes to pass his declining years surrounded by all the comforts and luxuries which affluence alone can yield. The poet, reveling amid the creations of his own fervid imagination, is proudly confident of winning the applause of an admiring world. But *he*, to whom these *living* look for succor, and of whom, when dying, they seek relief, he, who alone, among men, seeks to cope with the king of terrors; the physician, the dweller almost in the crowded hospital, the prison and the pest-house, receptacles of serious disease, and sources of poisonous emanations, hears no voice but that of duty, and, too frequently, knows no reward but the pleasure of rescuing the unfortunate sufferer from death, and of restoring him to his family and friends.

The genial influence of such a profession is sensibly felt and observed throughout the minutest ramifications of society, and thrills the hearts of all its members. If not an integral part of the social compact, it possesses the unquestionable merit of conferring on the latter much of its interest and value, by imparting efficiency to deeds of humanity, and grace to deeds of charity.

Such, gentlemen, is a hasty sketch of the character of the medical profession. Let it be our duty to see to it that its influence may never be lessened. Let us take heed that in every proper manner we uphold the dignity of the science which we have espoused.

Allow me here to direct your attention to several important points:

First. There exist between the physician who has the confidence and patronage of a community, and the members of that community, certain reciprocal duties and obligations which should ever be acknowledged and fulfilled by all the parties concerned.

The physician, on the one hand, should be always ready to render

his services to his patients, in season and out of season; to forswear his ease and his comfort; to be deprived of his rest; to subject himself to wearing anxieties, to gigantic responsibilities, and to corroding cares for the relief of the sufferings of his fellow men. He is, in a certain sense, also the guardian of the health of the community in which he resides, the individual to whom in times of pestilence and disease it especially turns for safety and advice. He should, therefore, be ever ready to communicate his knowledge freely, and to render his advice when sought for the public good. The public, on the other hand, should always render to the faithful and capable physician that respect and honor which is due to him in consideration of the sacrifices which he makes, and the services which he constantly renders.

Second. The physician should be earnest and enthusiastic in the discharge of his professional duties. If he loves not his profession, then has he indeed mistaken his vocation. No man can attain a high degree of success in any pursuit unless his whole heart is in it. When the feeling of enthusiasm does not exist, the mind soon becomes wearied of the object of its pursuit, and if it continues to strive for its attainment at all, it is only in a careless and indifferent manner. It is therefore absolutely essential that a man possess a generous enthusiasm for whatever he undertakes to do; for to do anything in a careless and indifferent manner will never insure success. Enthusiasm is a quality which has been a distinguishing characteristic of every man who has ever accomplished anything great, noble or good in the history of our race. The artist who feels no ardent attachment to his calling, but pursues it only as a means of subsistence, will never arrive at eminence. If, in the productions of his pencil, the painter looks only to a pecuniary reward, he will surely fall far short of that excellence which is attained by the more enthusiastic admirer of the profession. The question which he is continually asking himself is, not how *beautiful* and *excellent* can I make my works, but how much can I possibly obtain for them? His imagination thus presents him with no lofty ideal of beauty for contemplation, and he makes but little progress towards perfection. The history of every profession, and of every department of art, recalls a far different account of the men who have distinguished themselves above their fellows. Had it not been for their enthusiastic devotion to art, the names of Michael Angelo, and of Raphael, would not have been familiar to our ears. To the enthusiastic sculptor, the marble appears breathing with life; but to him who toils on wearily, without a deep interest in his work, it

is but a shapeless mass of stone, which he is to fashion into form only as a means of obtaining his daily bread.

With the *physician* this quality is *indispensable*. It is the *great* and *only* secret of success. It creates for him a perseverance which seeks to surmount all obstacles. It inspires him with the *confidence* of *excelling*, which is one of the most essential elements of success.

Third. The physician should alike avoid prejudice on the one hand, and skepticism on the other. The first makes him a bigot; the latter renders him a medical infidel. The first, like a chilling and soulless iceberg, drifting unguided from the frigid north, and rolling hither and thither to destroy whatever may come within its range, is ever an opposing obstacle to him who would explore the unknown polar sea, in search of scientific truth. The second, like the whirling maelstrom, will engulf him beneath a sea of perplexities and doubts.

His should be no merely speculative and theorizing spirit, but he should be liberal-minded and yet practical, ready to accept knowledge from any source, however humble, which may enable him the better to accomplish his patient's cure. "Prove all things; hold fast that which is good," should be the maxim by which he should daily work. I may be permitted here to quote from the very able address of a former respected President of this Society, Dr. H. D. Paine: "I understand that it is the chief duty of the medical man to consult first of all, the interests of the sick who may be intrusted to his care, rather than to vindicate any particular theory, however plausible it may appear to be; and that he is bound to cure them if he can, by the surest and most expeditious means available. No matter whether those means are consonant with his accepted hypothesis or no, if he has sufficient testimony of their efficacy and superiority, he has no right to deny his patients the advantage of their application. Not he who adheres most rigidly to the dogmas of his accepted theory, or blindly follows his system through thick and thin, is most likely to deserve the confidence of his patients, but rather he, who, rising above mere hypothesis, is willing to acknowledge the supreme logic of facts, whether they tend to confirm or contradict his preconceived ideas."

Golden words are these, my brethren. I would that I could indelibly engrave them upon the heart of every physician who honors me by his presence.

I come now to consider the relations of the homœopathic to the allopathic branch of the medical profession. What are they, and what are the duties which they impose upon us?

The position of allopathy at the present day is indeed a peculiar one. Intrenched in her prejudices, vociferous in her boastings, with a jealous exclusiveness, she possesses and seeks to retain most of the public eleemosynary institutions of this country. In every community, the intelligent and wealthy are constantly yielding their adherence to her younger, more vigorous, and rapidly growing sister, homœopathy. In the great social and commercial metropolis of this State and country, in the towns along the banks of our beautiful Hudson, in the great interior cities of this commonwealth, more than one-half of the taxes are said to be paid by the adherents of homœopathy, and a similar statement is true of the whole country. In every community where there are educated and intelligent physicians of our school, it is a well known fact, that they command the patronage of the major portion of the weath, intelligence, and morality of that community. In Massachusetts, there were in June, 1867, 251 educated homœopathic physicians; in Michigan, 275; in Illinois, 394; in Ohio, 352; in Pennsylvania, 374; and in the other States the number of physicians of our school bears a like proportion to the population.

In the city of Philadelphia the number of homœopathic physicians has increased sevenfold in twenty-six years, while the population increased only threefold, and the number of allopathic practitioners there relative to its present population is ten per cent less than in 1830. This is in the very stronghold of allopathy in this country, and as it were in the Mecca of its votaries. Prof. Morgan, in his very able valedictory before the graduating class of the Homœopathic Medical College of Pennsylvania, delivered March 2, 1867, and to which I am indebted for the above and other statistics, has shown beyond dispute that should this ratio continue, ere the next century shall have been ushered into life, the *power* of the medical profession in that city will have wholly passed to the side of homœopathy. We have seven colleges in this country, and there are dispensaries, infirmaries or hospitals in New York, Philadelphia, Boston, Brooklyn, Chicago, St. Louis, Cincinnati, Harrisburg, Leavenworth, Newark, Pittsburg, Poughkeepsie, Troy, Rochester, Washington, Albany and Buffalo.

We have also twelve homœopathic periodicals published in New York, Philadelphia, Boston, Cincinnati, Cleveland, Detroit, Chicago, Milwaukie and St. Louis. If we come now to our own State, we find that there are nearly *eight hundred* educated and legally diplomatized

homœopathic physicians. In the city of New York from 1840 to 1866, a period of twenty-six years, there has been an increase of over 600 per cent, in the number of physicians of our school.

In view of the above facts we may here not inappropriately address to allopathy the remarkable words of the eloquent Carthagenian orator, Tertullian, while speaking in defense of the persecuted Christians, to the senate of Rome: "We are a people of yesterday, and yet we have filled every place belonging to you; cities, islands, towns, assemblies, your very camp, companies, palace, senate, forum; we leave you your temples only."

Yes, my friends, and as the darkness and mists of polytheism disappeared before the mildly increasing effulgence of the Christian religion, so shall the errors and delusions of allopathy pass away, and forever disappear, before that beneficent system of homœopathic medication, with reference to which it has been shown by irrefutable statistics, that the mortality of diseases in general under its administration, is less than one-half of that under allopathic treatment, while the average length of sickness is only as two to three.

This is the system of medicine, supported, as it is, by the greater portion of the wealthy, intelligent, moral and influential tax-payers of this State and country, to which "Allopathic Obstructives" would deny admission into the great public eleemosynary institutions.

Prof. Cooke, in his eloquent address before the American Institute of Homœopathy, has rightly said: "It is for the purpose of crushing out forever and forever, a system full of horrors and of mischief, that we would have you insist in your halls of legislation, in your public meetings, in your very politics, if you please, that the more beneficent, the less expensive, the only system of medicine worthy of the name, shall have afforded it by governments and corporations, the right of practice in its public charities."

My brethren, these things must not longer be. It was the principle that there should be no taxation without representation, which virtually gave rise to the existence of the United States. But here we behold the anomalous spectacle of at least one-half of the taxes which support our public charities, taken from the pockets of those who have no voice in their medical management, and who would never willingly entrust their own lives, or the lives of those most dear to them, to the treatment of the medical men who control them.

True it is, that, as I have above shown, we have numerous dispensaries and hospitals supported by private subscription, where homœo-

pathy is the recognized treatment, but most of the public institutions are still under the control of the allopathic profession. Homœopathic physicians and surgeons, are denied admission into the army and navy, while a majority of the members of Congress and heads of departments, are firm adherents of that mode of practice. And why are they excluded? Is it by any legal or congressional enactment? Not at all. Is it because the people of this country have at any time or in any way, given to the allopathic profession a perpetual succession in the army and navy? Not at all, but because the examining boards have chanced to be composed of allopathic physicians; and they, without law, yea, in defiance of law, and without the slightest pretext of right so to do, have refused to admit homœopathic physicians and surgeons to even an examination for these places. Was a clergyman, otherwise qualified, ever refused a position as chaplain of a regiment during the late war because he was an Episcopalian, a Presbyterian, a Unitarian or a Catholic? No such instance ever occurred. Would our Baptist friends be content that the Roman Catholics should have the sole appointment of chaplains in the army and navy, and with arrogant presumption, deny them even an examination for these positions? Would our Presbyterian brethren be satisfied to be examined by a board composed entirely of Episcopalian clergymen, for positions as chaplains in the army or navy? We think not. We have not a State religion. Have we a State system of medicine? Has this State, or any other State in this country, ever decreed that such a school of medicine, whether it be the allopathic, homœopathic or the eclectic, shall be *the* system of medicine, par excellence, and the only one to be tolerated in its public institutions; and that its high priests alone are eligible to positions of public trust and influence? I beg not to be misunderstood. The homœopathic branch of the medical profession raises no arrogant or puerile claim of exclusive legitimacy; it seeks not to monopolize all the charitable institutions of this country, as the allopathic school has done, and still seeks to do. We ask nothing but simple justice. We wish only as many appointments as we are justly entitled to by our numbers, our intelligence and influence, and the amount of taxation borne by us and by our adherents. *Justice*, however, we must have. "*Justitia fiat, si ruat coelum*," should be our motto, and we must see that it is now accorded to us. To this end let us more fully organize and develop our strength, by the formation of county societies in every county of this State, where there is the requisite number

of physicians of our school. Let the friends of homœopathy continually agitate this matter, and by their votes at the polls, mark every applicant for public position who is not willing to grant us equality in this regard. Let us then ascertain the views of every candidate for public favor, and, withholding our own votes, induce our friends to do likewise, unless he will pledge himself to use his influence, in whatever position he may be placed, to secure us our rights.

We have only to act in concert, and our wishes will be respected. There is an old Spanish proverb, "that the world belongs to him who takes it." We have only to act upon this principle, and fearlessly assert our right to full representation in the army and navy, and to our just proportion of the funds which support our public hospitals, and these rights will be accorded to us. The despotic governments of the old world are far in advance of ours in that respect. The Bavarian government has granted the same privileges in the army to homœopathic surgeons as to those of the other school. In the war between Austria and Prussia, they stood on the same footing. As proof of the truth of my assertion, I have only to point you to the indications of popular opinion, that power in this country is mightier than governments or laws. I will cite a few facts only.

On the first day of June, 1867, the New York Ophthalmic Hospital, for fifteen years under allopathic management, was by its trustees transferred to the hands of homœopathic surgeons.

Again, the state of Michigan has refused to grant aid to its university unless the regents literally comply with the requisitions of statute law, and appoint a professor of homœopathy in the said institution.

On the 16th of October, 1867, the New York Academy of Medicine suspended Dr. A. K. Gardner because he had frequent consultations with Dr. Bartlett, a homœopathic physician of New York. Dr. Gardner, in a manly manner, admitted that he had held consultations with Dr. Bartlett; and asserted that he had a right so to do, that he did not repent of it, and should continue to do the same thing; and then, taking his coat and hat, walked out of the room, and thus broke off his connection with the ridiculous academy. Witness, upon this occasion, the outbursts of indignation at the bigoted action of the academy, which came from the press from the Atlantic to the Pacific. All the leading journals of New York, the *Tribune*, *Times*, *World*, *Herald*, *Independent*, *Nation*, and the prin-

cipal journals throughout the country uttered a cry of disapprobation at the intolerant and unphilosophical position of the academy, and of commendation at the manly and independent course pursued by Dr. Gardner.

At a regular meeting of the academy, held soon afterwards, a Dr. Holcombe, desirous of obtaining the same honors of martyrdom accorded to Dr. Gardner, *forced* upon its notice the fact that *he* too had associations with homœopathic physicians, and should continue to do so, whatever might be the opinion of the academy upon that point. According to the report of the *New York Post*, it would appear that the academy had been so completely cowed by the expression of public opinion in the case of Dr. Gardner, as not even to dare to entertain the subject. Dr. Holcombe made two attempts to have it take action upon the question, but on the second attempt to be heard, a motion to adjourn was hastily carried. So ashamed were the members of the academy, and so utterly submissive, that, according to the *Post*, they endeavored to prevent the representatives of the press from publishing the proceedings. Alas! in the nineteenth century, an academy, professing to be ranked among scientific associations, from fear of public sentiment, *dares* not give publicity to its proceedings!

I cite these instances merely as indices of public opinion, showing how strongly the current has set in our favor, and to prove that we have only to ask from the hands of our legislators those rights to which we are justly entitled, and they will hasten to confer them upon us. With the action of the academy towards Drs. Gardner and Holcombe, *per se*, we have nothing to do; but as an illustration of the drift of public opinion, the unanimous voice of the press in its condemnation speaks trumpet-tongued in our favor.

Again so well satisfied is the public becoming of the great superiority of the homœopathic to the allopathic treatment, that prudent business men, both in this country and in England, have organized life insurance companies based upon that fact; and offering to insure the lives of those who employ the homœopathic treatment when sick, at lower rates than those at which they insure the lives of allopathists. There are now four companies of this kind in successful operation in this country and one in England. No homœopathic physician, and I trust none of the laity, will hereafter insure in any other companies, for the most obvious reasons. As they insure *chiefly* or *solely* the lives of those who employ homœopathic physicians, and as the classes

employing such physicians are in every community in a very much larger proportion, people of intelligence, wealth, and good morals, than the classes of the community employing allopathic medical attendants, and consequently have both the knowledge and the means for the preservation of their health and lives in an eminent degree, it follows, that they are less liable to disease than other classes of the community, and when they are attacked are more sure to recover; and hence from this cause *alone* the mortality among those insured in the homœopathic companies will undoubtedly be far less than among those insured in the ordinary life insurance companies. When in addition to this we consider the fact, proved by the most reliable statistics, that out of one thousand cases, under homœopathic treatment, in all kinds of acute diseases, only one-half as many die as under allopathic treatment, we have an argument which is irresistible, as to the benefit in the form of dividends or low rates of insurance, accruing to those who insure in the homœopathic over those who insure in other companies.

Evidences are not wanting that homœopathy is on the eve of universal adoption. Prof. Hoppe, of the University of Basle, an enlightened allopathist, with a liberality as rare as it is commendable, states "that the two great events in medicine, since the early ages, have been these discoveries of Hahnemann. (1.) That in every individual case of disease, the specific remedy—the *individual* specific remedy—must be sought for and found, and that (thus) in every individual case of disease the process of cure is a process of discovery. (2.) The discovery of Hahnemann, that the remedy acts in small, very small, doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses." "A discovery," adds Dr. Hoppe, "which surpasses, in brilliancy, all of Hahnemann's other achievements."

In the year 1865, Dr. Haldane, lecturer at the Royal College of Surgeons in Edinburgh, says: "If the power of curing disease by medicines is ever to be attained, it will be by the discovery of agents which shall act in a *specific* manner upon the tissues and organs of the body. It will be asked how are we to attain a knowledge of the specific properties of medicines, and of the circumstances in which they will be useful. My answer is, by experiment. And it is not sufficient that we are acquainted with the physiological effect of a remedy; that is to say, with its action on the healthy." Thus *directly* and by *implication*, this high allopathic authority sanctions the directions of Hahnemann respecting the selection of the drug.

Dr. Archibald Reith, physician to the Royal Infirmary of Aberdeen, in an article on the "Therapeutic action of aconite in dilated conditions of the blood vessels" (Edinburgh Medical Journal, April, 1868, p. 894), uses the following language in relation to homœopathy: "Separate it from infinitesimals and there is little fault to find. We are fully aware that homœopathy contains an element of truth; shall we continue to reject that element because Hahnemann buried it in so much rubbish? I cannot believe so; and I think that the recognition of the double action of drugs might serve as a basis on which the two opposing schools could ultimately be reconciled"—a "consummation," he adds, "devoutly to be wished."

Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes: "Our incredulity has less to do with the *principle* of *similars*, which *we consider rational* and frequently practicable, than with *infinitesimal* doses. We can easily believe that certain diseases can be cured, perhaps even *the most part*, by remedies acting *homœopathically*, provided that their dose be one appreciable by the senses."

Allow me now a single word upon the subject of consultations with allopathic practitioners. While I candidly acknowledge that the interests of the sick should be paramount to all other considerations, I cannot but think that such consultations should be deprecated, at all events, in medical cases. In surgical and obstetrical cases, where the subject of therapeutics does not necessarily arise, it is a matter of less moment. While I grant that in matters of diagnosis and pathology, the well educated allopathist may be our equal, it is manifest that in matters of therapeutics, very few of them could be competent to discuss the matter of treatment with the well educated homœopathic physician, for the reason that they are not conversant with the homœopathic mode of using drugs. Most of the members of our branch of the profession, have studied allopathy, and many are graduates of its schools. *We* are, therefore, as conversant with their modes of treatment as themselves. With the allopathist, however, the case is different. However well instructed he may be in the theories of his own school, of ours he generally knows absolutely nothing. This is very evident, from the fact that we daily hear of their confounding *infintiesimal doses* with the *principle* of homœopathy, as if *that* were an *integral* part of our science, while every intelligent homœopathic layman, even knows, that there is as great a latitude on the subject of doses in our school as in theirs. The chief glory of the founder of homœopathy does not consist in

the discovery of the efficacy of *small* doses, but in the demonstration and introduction of the great doctrine of curing maladies by impressing diseased tissues with medicines which operate *specifically* upon these tissues themselves, rather than on distant parts.

Finally, my brethren, what is the practical lesson to be deduced from the facts which I have recited? I have shown you the immense increase of homœopathic physicians in this State and country, and have demonstrated how all pervading is the popular interest in it, from the action of the recognized organs of public opinion; and, finally, I have shown that some of the most liberal and gifted minds of the allopathic school, are more than half inclined to the adoption of homœopathy. *No union* with that antiquated school, is, in my judgment, either possible or desirable. (1.) It is not possible because, believing, as we do, in a *general law for the selection of the curative drug*, we could not affiliate with them until they adopt the principle of *similars*, and make it the basis of their practice. When they do adopt that position, there will cease to be a need of union, for they will be homœopathists like ourselves, and like other educated physicians, who practice upon the principle of *similars*, they will be eligible to our societies. When they renounce the fallacies and imperfections of their mode of practice, that action alone will make them of us and with us. Our system has for its end, the entire overthrow of their orthodox faith and practice, a demolition of their theories and a return to the purely inductive method of research in medicine. We cannot, therefore, compromise with them were we disposed so to do. (2.) Such a union is not desirable for us, since by it we should be deprived, to a great extent, of that principle of emulation which has been our greatest aid in striving for perfection in the healing art.

Let us seek to make our school, at once, broad, catholic and comprehensive; to such an extent that liberal-minded and educated physicians of all shades of views, assenting *only* to the therapeutic maxim, "*similia, similibus curantur*," as the *guide in selecting the appropriate drug for specifically impressing diseased tissues, and regarding this as the only manner in which we can attain the power of curing disease by medicines*, may be welcomed in its ranks. Let bigotry and intolerance find no abode among us; they have no place in the realm of science. Let us press on in the united and sober, yet enthusiastic and earnest effort to perfect our art, and yet more fully demonstrate to the world, the superiority of our mode of practice. To that end, let us, with renewed zeal, cultivate the sciences of diag-

nosis, pathology and therapeutics; and, while we beware of the boastings of unfounded pretension, hold ourselves ready to adopt truth from whatever source it may come to us.

While we may differ with the practitioners on allopathy, we should treat them neither with bigotry and intolerance, nor with contempt; but, rather, with that chivalric courtesy which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, "*in certis unitas, in dubiis libertas, in omnibus charitas.*"

ARTICLE III.

Pathogenesis of Ptelea Trifoliata by E. M. Hale, M. D., of Chicago; Professor of Medical Botany and Pharmacology in the Hahnemann Medical College.

The ptelea trifoliata, of *Linnæus*, is a shrub or small tree of the natural order rutaceæ; or, according to earlier views, of an order xanthoxylaceæ, or still earlier, of the artificial class monœcia and order tetra-pentandria, of the sexual system of *Linnæus*.

It is figured as follows:

Miller, Icones, t. 211;

Gærtner, de Fructibus et Seminibus, pl. 49;

Schkuhr, Botanisches Handbuch, pl. 25;

Guimpel, Fremden Holzarten, pl. 74;

La Marck, Planches de Botanique de l'Encyclopédie, pl. 84;

Duhamel, Arbres et Arbustes en Pleine Terre, 2d ed., vol. 1, pl. 57;

Dictionnaire des Sciences Naturelles, pl. 128;

Mémoires du Muséum d'Histoire Naturelle, vol 12, pl. 26;

Gray, Genera Illustrata, pl. 157;

Dillenius, Horti Elthamensis Plant. Rar., pl. 122;

Payer, Organogenie, pl. 24;

Agardh, Theoria Systematis Plantarum, pl. 19;

Loudon, Arboretum Britannicum, vol. 5, pl. 59.

The xanthoxylaceæ included those rutaceæ which have unisexual flowers. The genus ptelea has polygamous flowers, with four or five stamens, with samaroid, two-celled fruit, but one-celled by abortion. Its name is the Greek for elm, given because of the resemblance of the samaroid fruits.

Its six known species are all North American. Three are Mexican—p. pentandra, p. podocarpa, and p. augustifolia. Ptelea mollis, of the Carolinas, is clothed with a silky pubesence. Ptelea baldwinii, of East Florida, has minute leaves with obtuse leaflets.

The remaining species, ptelea trifoliata, three-leaved ptelea, hop-tree, wing-seed, wafer-ash (known in Britain as shrubby trefoil and tree trefoil, in France as Orme de Samaire à trois feuilles, and in Germany as Dreiblättrige Lederblume), is indigenous throughout the United States, from the East to beyond the Mississippi, and even to

Plate I.

Ptelea Trifoliata.

Texas, in moist, shady places, and on the borders of woods and among rocks. It is a tall shrub, but under cultivation at Gordon Castle, Bannfshire, Scotland, it had, in 1835, reached the height of forty-five feet, with a trunk fifteen inches in diameter, and with branches extending twenty-seven feet from side to side.

Two varieties have been found—one with five leaflets (ptelea pentaphylla, *Moench*); the other with the branches, potioles and under surface of the leaves clothed with a soft tomentose pubescence, even when old (ptelea pubescens, *Pursh*).

It was originally sent to England by Bannister, but, being lost, was reintroduced by Catesby in 1724, from Carolina. It is common in the gardens of Europe; and in the Jardin des Plantes, at Paris, a tree may be see, the crown of which had in sixty years from planting, attained a diameter of forty-five feet.

To this same rue family belong xanthoxylum Americanum, Northern prickly-ash, and x. Carolinianum, the prickly-ash of the South. And in some respects they are medicinal as well as botanical analogues of the ptelea.

Pharmaceutical History.

The bark of the root is the officinal portion. It yields its properties to boiling water, but alcohol is the best solvent. It is, when dried, of a light brownish-yellow color externally, in cylindrical rolls or quills, a line or two in thickness, and from one to several inches in length, irregularly wrinkled and furrowed externally, with broad transverse lines or rings at short but irregular intervals, and covered with a thin epidermis; internally it is yellowish-white, but becomes darker on exposure, and is wrinkled longitudinally. It is brittle, with an almost smooth resinous fracture, granular under the microscope, resembling wax. It has a peculiar smell, which some describe as like that of liquorice root; but to me the bark, and especially the tincture, strongly resembles in odor that of the boiling linseed oil used in the manufacture of white paint. The taste is peculiar, almost indescribable: bitter, resinous, pungent, acrid, very disagreeable, speedily and powerfully acting on the mouth and fauces; and its pungency is persistent, owing probably to the oil.

The *tincture* of the bark should be made with the strongest alcohol: the addition of a small quantity of water causes it to turn as milky as the balsam of copaiva under similar circumstances.

A *tincture-trituration* may be made from the mother-tincture, and is a very desirable preparation.

The flowers, fruit, leaves, and bark of the branches, all possess the same medicinal qualities as the root, but in a less degree. I have used the tincture of the hardly-ripe fruit. The woody portion of the shrub is but feebly medicinal. Ptelein, or the active principle, may be used in tincture, as it is perfectly soluble in alcohol; but the triturations are preferable. (See Chemical History.)

I do not know that for medicinal preparations the fresh bark possesses any superiority over the dried. The bark should be gathered in the fall, at the time of its greatest strength, after its constituent qualities have been fully elaborated in its cells. The leaves should be used when fully developed, but before the ripening; the flowers, just before the petals drop; and the fruits, just at the period of ripening.

The process of drying these portions should be conducted in a warm, shaded place, with care that they do not become moldy, or infested by insects of any kind.

CHEMICAL HISTORY.

An oleo-resin, improperly called ptelein, is considered the active principle of the ptelea. It is described as of the consistence of thick syrup or molasses, dark brown in mass, much lighter when in thin layers, and having a peculiar odor, somewhat similar to that of the extract of liquorice, and an oily, bitterish, acrid, persistent taste, peculiar and rather disagreeable, and acting powerfully on the fauces. It is soluble in alcohol, ether, oil of turpentine, and rather imperfectly in alkaline solutions; insoluble in acids and water. It imparts a slight milky color to water, and separates into two portions, one of which floats on the water, while the other sinks. Acetic acid added to the alcoholic or ethereal solutions does not disturb them unless added in excess. Water added to the alcoholic solution produces a milky color, precipitating the resin; added to the ethereal solution, it separates the oil, which floats on the surface. The bark was not subjected to a chemical analysis until 1862, when George M. Smyser, of Philadelphia, presented an inaugural essay to the Philadelphia College of Pharmacy, having for its subject ptelea trifoliata. The following were the experiments:

"*First.* A cold infusion was prepared by percolating six drachms of the powdered leaves with water, until six ounces of liquid had passed. This was of a dark-brown color, had a bitter, aromatic taste, and an odor strongly resembling that of hops. To a portion of

this infusion a solution of bi-chloride of mercury was added, which produced a dirty white precipitate. And, with successive portions of the infusion, sulphuric and muriatic acids produced each a precipitate. The infusion was also coagulated by heat, showing the presence of vegetable albumen. To a portion of the infusion a few drops of tincture of chloride of iron was added, which produced a black color. To different portions were added nitrate of silver, sulphate of copper, and a solution of gelatine, all of which produced precipitates, indicating the presence of tannic acid. The portion which was precipitated by gelatine was filtered; and, with the filtered liquid, tincture of chloride of iron produced a greenish-black color, which disappeared when the liquid was heated, showing the presence of gallic acid.

"*Second.* An infusion of the fruit was prepared, similiar to that from the leaves. This infusion had a very bitter taste, and, upon treating it as the former experiments, the result was the same.

"*Third.* Two and a half ounces of the powdered fruit was treated with ether, to deprive it of fixed oil, dried and treated with alcohol. To the resulting tincture, acetate of lead was added, which threw down a large quantity of coloring matter and some resin; the liquid was filtered, and treated by passing sulphureted hydrogen through it to get rid of the excess of lead, and then again filtered and heated to drive off the excess of sulphureted hydrogen. To the liquid, yet warm, water was added in drops until it began to produce a precipitate. It was then placed on a sand-bath, and evaporated to a syrupy consistence; when it had cooled, it was agitated with an equal bulk of chloroform; and, when allowed to rest a few minutes, it separated into two layers, the watery liquid being on the top; this was decanted, and on evaporation yielded a small quantity of an extract of a very bitter taste. I made repeated attempts to obtain crystals from this extract, but without success. The chloroformic solution, when evaporated, gave a soft, resinous substance of a slightly acrid, bitter taste.

"*Fourth.* Three ounces of the powdered fruit was moistened with equal parts of alcohol and water, placed in a percolator, and the menstruum of alcohol and water passed through it until it was exhausted. The resulting tincture was evaporated to an extract, which was of a dark brown color and a bitter acrid taste. One drachm of this extract was washed with alcohol, which dissolved out a small quantity of a soft resin, which was very acrid to the taste. The same part of the extract was washed with ether; this dissolved a portion of

it, and on evaporation yielded a brittle resin, which was odorless and almost tasteless. The part which remained after being washed with the alcohol and ether was principally bitter, extractive matter, and which had none of the acrimony of the extract."

MEDICAL HISTORY.

The first mention of the ptelea in the medical literature of this country is found in Rafinesque's Medical Botany. He observes that "the leaves are vulnerary, used for poultices, good for worms." In Louisiana "it is called Boispuant." He makes no mention of the bark of the root. It is mentioned in Griffith's Medical Botany: "The native species ptelea trifoliata, is said by Schœpf to be anthelmintic, for which purpose the leaves and young shoots are used in strong infusion. The fruit is aromatic and bitter, and is stated to be a good substitute for hops."

In Howard's Botanic Medicine, 1836, it is described under the vulgar names of "Heal-all," "Ague-bark," "Pickaway," "Anise," and "Wingseed." "The bark of the root is an excellent stimulant, expectorant, tonic; useful in all cases of debility, and particularly in agues. It has been highly extolled as a remedy in consumption of the lungs, having been sold as a nostrum at a high price. In this instance it was tinctured in whiskey."

In Dr. J. G. Jones' Eclectic Practice (first edition), it was erroneously mentioned under the name of staphylea trifolia, the name of another shrub in no way resembling it. In the second edition it was properly designated as ptelea trifoliata, and extolled as "a pure, unirritating tonic, having rather a soothing influence when applied to irritated mucous membranes." He advises it "in the convalescence after fevers, and in debility connected with gastro-enteritic irritation. It promotes the appetite, enables the stomach to endure suitable nourishment, favors the early re-establishment of digestion, and will be tolerated by the stomach when other tonics are rejected." He prescribes the cold infusion, half a fluid ounce every two or four hours.

In the various eclectic medical journals have appeared, from time to time, short articles alluding to its powers as a tonic. (See Eclectic Med. Jour., Cincinnati, 1867, p. 159.) King's Dispensatory describes it, and, in addition to the above medicinal uses, says: "A tincture made of ptelea in whiskey is reputed to have cured several cases of asthma, and it is said to *cause, in many instances where it has been*

used, a troublesome, external erysipelatous inflammation, either general or local, but which, if the use of the tincture be persisted in, finally disappears, and the patient becomes at the same time cured of the disease for which he was treated."

Dr. Paine (Eclectic Materia Medica), makes the following statement relating to the use of ptelein in his hands; it may be useful to compare his clinical experience with the provings.

"This remedy has been largely used as a tonic to the kidneys, stomach and bowels. It is also a stimulant, and when taken in doses of ten or fifteen grains produces heat, burning sensations in the stomach, ardor urinæ, high colored and scanty urine, and if continued for any length of time, albuminuria and cutaneous erythema are produced. From these effects, and the observations made of the use of this remedy, it has been discovered that in medicinal doses it manifests its powers directly as a tonic and stimulant to the kidneys, bladder, skin, and mucous membrane, besides exciting a stimulating effect on the glandular apparatus generally; hence it has been used successfully in scrofulous diseases. In early phthisis, chronic degeneration of the liver, spleen, panceras, kidneys, glands of the bowels, etc. In chronic diarrhœa it is of much benefit; also in syphilis. In cases where there is organic leison of the mucous tissues resulting from acute disease or fever, or acute inflammations in connection with great prostration, the ptelein is a prompt medicine."

Jones and Scudder, in their Eclectic Materia Medica (1858), add: "We have found a saturated solution of it beneficial in chronic rheumatism." They assert it to be "alterative, tonic, stomachic, diaphoretic, excitant," etc. Scudder has "known it to be employed in epilepsy with decided advantage."

Dr. Kost (Materia Medica, p. 631), has an article on ptelea.

These crude uses and unscientific recommendations comprise all that can be gleaned from eclectic sources up to this time.

It has formed the basis of many nostrums, "ague cures," "tonics," and even "expectorants." In 1866, Mr. Chapman, of Hudson, Michigan, manufactured a preparation of "pepsin and wafer-ash," in which the pepsin was united with the tincture of ptelea, pure anhydrous glycerin being used as the menstruum. This preparation is very extensively used by some physicians as a chemico-dynamic remedy in dyspepsia, and very highly valued for its curative virtues. In my own practice, and under my observation, cases of atonic dyspepsia, with deficiency of gastric juice, have been cured by this

April 18, noon.—Forty drops; immediately followed by retching, with increase of the frontal headache. At quarter to one, P. M., piercing pain shooting through the temples, with increased headache and nausea. After dinner, increased nausea, with heat of skin and profuse perspiration on the forehead; pulse ninety-six, small and hard. Half past one, P. M. Inclination to vomit gradually passing off. In the evening, amelioration of all the symptoms; though still languid and drowsy. Constipation; no morning stool as usual, but at seven, P. M., small, hard stool, after much straining. Sound sleep all night, but haunted by frightful dreams.

April 19.—The symptoms were an exact copy of those developed on the preceding day.

Four, P. M.—Forty drops. Resolved to let this dose act for twenty-four hours, and then go on with more frequent doses.

April 20.—Awakened at one, A. M., by a pressing pain in the stomach; a feeling as of a weight; worse on motion, and aggravated by pressure with the hands. Also a rising of bitter fluid, with a deathly nausea, confusion of the head, and sweat on the forehead. Thoughts chased each other through the mind, it seeming impossible to fix the attention upon any one object. This attack, which resembled acute dyspepsia, lasted from one till five, A. M., followed by sleep until seven, A. M.; languid and tired on awaking. During the whole forenoon, sharp pains in the right hypochondriac region.

Half past three, P. M.—Twenty drops in water. At four, P. M., had sour risings from the stomach; heat of skin; pulse ninety-six, small and fluttering. Nausea all the afternoon and evening, with splitting headache, incapacitating for mental exertion.

April 21, half past ten, A. M.—Thirty drops. Extraordinary inclination to sleep. Bitter taste in the mouth; the tongue, which had hitherto been clean, was coated with a yellowish fur, and the nausea was persistent. No stool to-day (an unusual occurrence). Up to this date, the medicine has had no effect on the temper, but to-day it produced fretfulness and irritability without the slightest exciting cause. Sleepiness excessive; went to bed at eight, P. M. At a quarter past nine, was roused to go and see a patient, and on awaking was attacked with a kind of nightmare; quite conscious, but unable to stir on account of a pressing weight in the stomach and whole front of the trunk.

April 22.—On rising, giddiness, with piercing pain through the brain, accompanied by severe aching pain in the stomach.

Quarter past six, A. M.—Thirty drops. All day, from six, A. M., till three, P. M., urging to stool, with rumbling in the bowels.

Three, P. M.—Thirty drops. The sickness of the stomach less to-day.

April 23, half past seven, A. M.—Thirty drops. Hard and difficult stool, with smarting of the rectum after the passage. Three, P. M. Tenderness of the splenic region, with soreness to the touch.

Four, P. M.—Thirty drops. Giddiness, with vertigo at five, P. M.; vertigo long continued, and, after it, increase of abdominal tenderness.

April 24, seven, A. M.—Forty drops. The abdominal pain extending more toward the umbilical region, and worse on motion. On drawing a long breath, a sharp stitch proceeds from the umbilicus toward the back bone, and the tenderness on pressure is increased. Half past eleven, A. M. Sharp, cutting pains through the front of the brain, alleviated by pressing it with the hands. Three, P. M. Forty drops.

April 25.—Sleep last night restless and uneasy, awaking unrefreshed and languid. The abdomen much swollen, and tender over its whole extent, especially over the splenic region.

Six, A.M.—Forty drops. Nine, A. M. Hard and difficult stool.

Ten, A. M.—Forty drops. Persistent nausea and vomiting, with giddiness of the head, and a feeling as if unsteady in the legs. Unfit for mental exertion all day, and toward the afternoon had to give up exertion of every kind.

Five, P. M.—Forty drops, and again at ten.

April 26, half past six, A. M.—Fifty drops. The giddiness of head and reeling in walking much increased.

Three, P. M.—Fifty drops. Four, P. M. The pain in the splenic region much increased, and the swelling evidently greater. Constant feeling of weight in the hypochondria when walking: a dragging pain which affects the right as well as the left side.

Six, P. M.—Fifty drops. Head confused and giddy when retiring to bed, at half past ten.

April 27.—Head weak and confused. Seven, A. M. Fifty drops. Nine, A. M. Attacked with too much giddiness and vertigo to keep up. Nausea and vomiting soon followed, although no relief came after the vomiting; bitter taste in the mouth; tongue dry and coated brownish-yellow; splenic pain much aggravated. Hot and feverish all day.

I was obliged to discontinue the provings, as the effects were so severe. I have had attacks before, but nothing of such a bilious character. I insert the symptoms for the reasons given by Dr. Dudgeon, on page 209 of Lectures on the Theory and Practice of Homœopathy: "He (the prover) should be in a good state of health, not necessarily absolutely healthy, for that is a rare property. He may possess what is called an idiosyncrasy, a weak point, and yet be perfectly capable of physiological experimentation, and the symptoms developed in him by virtue of this idiosyncrasy may still be received as part of the action of the medicine; for what is this idiosyncrasy but a tendency to be acted upon by a specific with more than usual severity? It is in fact only the predisposing cause heightened in sensitiveness; and for the action of the medicine, as well as of the morbific agent, a predisposing cause is always requisite."

Second Proving.

October 21, 1867, quarter to seven, A. M.—Ten drops of tincture. Half past seven, A. M. Slight nausea rising from the stomach upwards, accompanied by roughness of the back part of the tongue. A very mild nausea, by no means unpleasant, lasted during the whole forenoon.

Eleven, A. M.—Fifteen drops. At dinner the appetite not as good as usual, though, before beginning the proving, it had been keen. Throughout the course of the meal, the same faint nausea persisted. One, P. M. Aching pain at the base of the brain, though the intellectual powers were as active as usual. At four, P. M., ate a bunch of somewhat tart grapes, and all the symptoms disappeared; the nausea and headache were entirely removed in a few minutes.

Quarter past eight, P. M.—Twenty drops. At half past nine, nausea, with rumbling in the bowels, accompanied by discharge of flatus, with desire for stool. Nausea, and pressing pain in the forehead; the pain presses from within outwards. No passage from the bowels to-day, a very unusual occurrence. At eleven, P. M., went to bed. Nausea aggravated by lying down. Restless and tossing, and some difficulty in falling asleep.

October 22.—The dreams during the night were so vivid and lifelike as to seem, on waking, as if he had been up all night. In the morning, weak and languid; hands and feet hot and feverish; pulse seventy-two, weak and fluttering.

Half past six, A. M.—Twenty-five drops. At half past seven, ring-

ing in the ears, with slight giddiness, the ringing lasting from two to three minutes, and returning for the same length of time half an hour later. Little appetite for breakfast; the bread seemed tasteless; no thirst. Quarter past nine, A. M. Transient giddiness, with heat of the head and face, especially on the forehead. Goes about his professional duties in a perfunctory manner, very unlike the fiery zeal with which he usually combats disease and his allopathic step-brethren. Heaviness in the occipital region, with gloomy feeling in the forehead. At dinner, all food seemed tasteless. Three, P. M. Faint feeling in the stomach, with sourish rising. The nausea is much worse on walking. At quarter to seven, P. M., was weighing out a trituration, and the mental confusion was so great that he had some difficulty in telling what was the tenth part of one hundred and fifty grains. Appetite, at ten, was indifferently good, but food was still tasteless. Singing increases the nausea, and aggravates the headache, causing shooting pains from within outwards. At quarter past eight, P. M., a squeezing pain in the epigastric region.

Half-past nine, P. M.—Twenty-five drops. In bed, the griping pain in the epigastric region worse than during the day, and the abdomen swollen, but not painful. During the night, heavy sleep, with less vivid dreams than on the previous night. Frontal headache; so severe that he almost felt it during sleep, and on waking at intervals during the night, noted that it was more intense than during the day.

Oct. 23.—The heavy, pressing, frontal headache still continues; the pain pressing from within outwards, aggravated by stooping. Less nausea; stomach now feels weak. Aching pains with occasional stitching in the region of the diaphragm.

Twenty minutes past seven, A. M.—Twenty-five drops. At eight, A. M., regurgitation, tasting of the medicine, but with little nausea. Temper as good as usual yesterday, but to-day was unusually annoyed by noise. Headache, a stunning, pressing pain in the frontal region, closely resembling a chronic headache, which he had had for many years, and which his master in the institutes of homœopathy, Dr. Constantine Hering cured with one prescription of rhus toxicodendron. At dinner, a complete repugnance to animal food, although there was less nausea than on the preceding day. Unable to eat rich pudding, of which he is ordinarily fond. At two, P. M., head languid and heavy; unable to follow the train of thought when reading what is by no means difficult. Strong inclination to lie down and rest.

At ten minutes past two, sour risings from the stomach, with feeling of weight and uneasiness in the stomach. Half-past eight, P. M. His intellectual powers moved slowly and heavily, and had difficulty in recalling familiar things to mind. At ten minutes past nine, P. M., slight vertigo, with a choking feeling in the pharynx. Took no dose, at noon or night, to-day. All the afternoon, felt a curious *malaise*, which prevented him from doing business with alacrity. Attended to his duties as usual, but felt such an oppression and weakness at the stomach that he had no heart to work. Stools, to-day and yesterday, of usual consistence and slimy coating.

Oct. 24.—The sleep during the preceding night was heavy, but restless, with fantastic dreams—practising medicine among people of gigantic stature; suddenly the scene would change, and his patients were about the size of peas. When awake, during the night, felt that the weight at the stomach was much worse than during the day. Conscious of the stunning headache before he was awake. Extraordinary weakness of memory; was unable to recall the names of familiar people. Felt feverish, irritable and intolerant of noise. At breakfast he ate some pudding; symptoms all aggravated at once, especially the heaviness at the stomach and the difficulty of concentrating thought. One, P. M. At dinner, complete disgust at animal food, unable to eat any, and the appetite was very poor. Quarter past three, P. M. Eructations, tasting of rotten eggs. Dry heat over the whole body, especially in the palms of the hands; pulse one hundred and four, small and weak. Aching, pressive pain in the temples, aggravated by chewing. Aching pains in the back part of the thighs. At four, P. M., hard stool, with straining. Soon after, eructations, almost bringing on emesis. Half-past four, P. M. Aching in the bowels while walking; on standing still; pain aggravated by a deep inspiration; severe prostration of mind. At ten, P. M., a sharp, cutting pain in the right hypochondriac region, aggravated by deep inspiration, sufficiently severe to prevent sleep.

Oct. 25.—Sleep heavy and dream-haunted. Quarter to seven, A. M. Five drops. Splitting headache, aggravated by stooping, moving the eyes, and by reading. Dull, heavy pain in the right hypochondriac region, apparently on the convex surface of the liver. No passage from the bowels. At dinner, ate roast beef and pudding. Pain and distress in the stomach soon after, with feeling as if a stone were there.

Five, P. M.—Ten drops. Throbbing pain in the epigastric region, aggravated by full and deep respiration. Urine is deeper in color,

and scalds slightly during passage. Weakness of mind very marked. Sleep good.

Oct. 26.—Sleep was better last night; awoke with the usual morning headache, with weight at stomach. Aching of all the limbs, especially the flexor muscles. Half past seven, A. M. Fifteen drops. At quarter to twelve, A. M., griping pains, with rumbling in the right iliac fossa. The epigastric region is sore to the touch, and pressure aggravates the nausea. Two, P. M. Pain and soreness extending from the right to the left hypochondriac regions, but worse in the epigastric region; a feeling of weight, aggravated by standing erect or sitting erect, and relieved by stooping forward. Good appetite at dinner, but the usual aggravation followed. Urine was high-colored, the "yellowish-red" of Neubauer and Vogel. At supper, voracious appetite, followed by pain in the epigastric region; despondency. Slight swelling in the region of the liver.

Ten, P. M.—Twenty drops.

October 27.—Sleep uneasy and unrefreshing, and with more annoying dreams than before. Awoke with dry heat over the whole body, especially on the face and hands. The tongue was coated yellow, and the papillæ were red and prominent. Bitter taste in the mouth, with dryness.

Quarter to nine.—Twenty drops. This morning the headache is so severe that mental exertion is a burden, and the pain is materially aggravated by any attempt at study. The face is yellowish, and the skin feels dry and harsh. The dry heat over the body continues, though the feet are cold. The appetite is now voracious; food has not its natural taste; and pain at the stomach follows every meal. The liver is perceptibly swollen, and sore on pressure, which causes a dull and aching pain.

November 1.—Has taken none of the drug since October 27. The effects mentioned in the proving have gradually declined. The only new phase consists in a number of thoracic symptoms, which have come on very gradually, and which now cause considerable pain. As the various gastric and hepatic symptoms declined, uneasiness and difficulty in breathing came on, with dull pain, especially in the right infra-clavicular region, accompanied by hacking cough without expectoration. This has come on very insidiously, and now the right lung is dull on percussion, especially in the right infra-clavicular region. On auscultating the region over the bifurcation of the trachea and the upper part of the sternum (with Cammann's

stethoscope), the respiration was found to be tubular, the sound was higher in pitch than the normal vesicular sound, and more rapidly evolved. Expiration and inspiration were of equal length, with a slight interval between them. On making a full inspiration, sharp pains shot from the sternum towards the nipples, especially that of the left side. Pressure on the intercostal spaces close to the sternum caused pain of a dull, aching nature. These thoracic symptoms were better in the house, and aggravated by exposure to the keen air.

November 7.—The thoracic symptoms had gradually declined.

Third Proving.

November 29, 1867, half past seven, A. M.—Took twenty drops sixth decimal dilution. Ate a light breakfast at a quarter to eight. Weight and fullness at the stomach in an hour afterward, with dull headache, pressing from within outwards. The headache does not incapacitate for mental exertion, but causes a languor and indisposition to work. At twenty minutes past eleven, A. M., griping in the stomach, with sharp pain on slight pressure. At dinner appetite very poor, after driving in the cool air all the forenoon. Twenty minutes past two, P. M. Rumbling in the umbilical region, with swelling accompanied by slight vertigo, with sweat on the forehead. At three, P. M., eructations of a bitter taste, with slight nausea. Marked indisposition for mental work. Ten minutes past three. Straining at stool, with increase of the vertigo. Twenty-five minutes past three, P. M. Increase of the headache, with marked forgetfulness. In writing a letter, felt a curious and unusual disposition to hurry through with it as quickly as possible, hardly taking time to write the words. The headache and vertigo were aggravated by even a moderate warmth of the room; all the symptoms aggravated in a hot room, and ameliorated in the cool air.

Quarter to nine, P. M.—Twenty drops. At nine, P. M., involuntary discharge of flatus, with urging to stool.

November 30.—Sleep unusually deep and heavy. Racking frontal headache on waking, aggravated by rolling the eyes upward. Weight in the stomach, with bloating of the abdomen. Continued speaking even for five minutes, causes stitching pains in the diaphragm.

Half past seven, A. M.—Twenty drops sixth decimal dilution. At quarter to eleven, A. M., the headache had been persistent; sharp pains shoot from the right to the left frontal region. At ten minutes before noon, eructations, with a bitter taste in the mouth, causing

nausea, and abortive attempts at vomiting. At dinner, marked repugnance to butter and fatty foods. A very moderate meal was followed in half an hour by a sensation of stuffing and fullness. Headache a little better before dinner; an hour and a half after, much worse, and aggravated by mental exertion. Stitching pains in the upper part of the posterior mediastinum, aggravated by deep breathing and by the recumbent position; this is accompanied by soreness of the trapezius muscles. Forgetfulness is even more marked than yesterday. The headache worse. Half past three, P. M. An attack of vertigo, without any exciting cause, other than the ptelea. Attack so violent as to compel discontinuance of writing and to bow the head on the hands, closing the eyes. The vertigo was preceded and accompanied by mild nausea, with slight griping pains in the stomach. During the attack the pains in the posterior mediastinum were aggravated. At seven, P. M., urging to stool, but it merely resulted in the difficult discharge of a few balls of hardened fæces. During the whole day, unusual indisposition to mental or physical exertion.

Half past nine, P. M.—Twenty drops.

December 1.—Sleep broken and restless; and, at waking intervals, hardly able to determine whether sleeping or waking. Unpleasant dreams during the whole night. Awoke at seven, A. M., languid and unrefreshed.

Eight, A. M.—Twenty drops. At half past eight, dull aching pains in the left scapula, aggravated by the slight exertion of writing. Ten minutes to nine, A. M. Griping pain in the epigastrium, aggravated by speaking and by deep respiration; pressure aggravates the pain, and causes nausea. *Malaise* of body and mind; desire to lie on the lounge, and "think of nothing at all." Drowsy and sleepy during the whole afternoon, with bitter taste in the mouth. At five, P. M., urging to stool; a continued pressure on the rectum, but on attempting to have passage it resulted in nothing.

Ten minutes to ten, P. M—Twenty drops.

December 2.—Sleep broken by dreams, at first of a frightful nature, but, towards morning, lascivious. Awoke languid and unrefreshed, and with the feeling of being mentally unequal to the business of the day.

Seven, A. M.—Twenty drops. After breakfast, ineffectual urging to stool, as on the previous day. Lassitude and weariness, with disposition to hurry. At three, P. M., feeling of weight, and dull pain in the right hypochondriac region, with qualmishness of the stomach.

The feeling of pressure in the rectum lasted all day, and, at five, finally resulted in the discharge of a small quantity of indurated fæces, with only slight relief. There is, apparently, a true torpor of the rectum.

Nine, P. M.—Twenty drops.

December 3.—Awoke at six, with a bruised sensation in all the limbs, especially worse in the muscles of the back. The sore, bruised pain was increased by pressure with the fingers.

Eight, A. M.—Twenty drops. Hot, dry feeling, over the whole body, with a sensation as of having slept without undressing, or having sat up all night. The tongue coated yellowish, with red papillæ; bitter taste in the mouth, with absence of thirst. Appetite deficient, and food has an unnatural taste, as on recovering from a long illness. Mental lassitude, as on the previous day. The right hypochondriac region is swollen, and the clothes feel too tight. Irritable mood; a very slight annoyance keeps recurring to his mind, impelling him to speak about it. Better able to study than on previous day, but difficult to concentrate his thoughts. More forgetful than before the proving; and yet, by collecting the thoughts, able to recall things read many years ago. Able to supply some additional items to a professional paper, intended to be exhaustive. At four, P. M., the lumbar pains, aggravated with stitching pains in the right hypochondriac region, which is swollen. At half past six, P. M., racking frontal headache, with heat of the face and head. Able to examine patients, but inclined to hurry through with it; and, in selecting the remedy, inclined to follow Dr. Humphrey's rule: "First impressions are the best." The appetite good at supper; pressure on the stomach, and increase of the hepatic pains after a light meal.

Quarter past ten.—Twenty drops. No stool to-day, but continual urging in the rectum.

December 4.—Awake nearly all night from the harassing nature of the pains, especially in the back; in all the regions, but especially the dorsal. Dry heat; most on the parts where the pain is worst. The hepatic pain is aggravated, also the urging in the rectum. At breakfast, repugnance to butter; even a small quantity aggravates the epigastric pain.

Three, P. M.—Twenty drops. All the symptoms are aggravated in the warm room, and ameliorated in the open air. The muscular pains are relieved by rapid motion in the open air, though they are worse on commencing motion. Rumbling in the bowels, with tenderness on pressure.

December 5.—Awoke by the pains in the back; less in the limbs than on the preceding day. The pain accompanied by rumbling in the bowels, with bloating and tenderness on pressure. Liver feels heavy and sore, especially when lying on the left side. Less pressure on the rectum than formerly. The mental lassitude and forgetfulness continue. At supper, ate some sour apple-sauce, when all the symptoms became milder and gradually disappeared. During the whole experiment, the urine was redder than usual.

Fourth Proving.

December 13, 1867, twenty-five minutes past noon.—Being in excellent health, a little before dinner time, took five hundred drops of the concentrated tincture. Before taking the dose, had a good appetite, but after swallowing it, found that he could not bear the sight or smell of food, especially of roast beef. Rumbling in the stomach, with inclination to vomit. Chilliness and shivering over the whole body; could not keep warm, even by sitting over the stove. Confusion of thought, with hurriedness of manner. Forgetfulness, writing one familiar word for another of similar sound. Pulse quickened from seventy-two to one hundred and four in fifteen minutes; small and hard. At quarter to one, P. M., on turning the head to look at the clock, taken with sudden giddiness and with faint feeling. Sick and faint, with a sudden shrinking from any mental work. At five minutes to one, P. M., the taste of the medicine continually returning in gusts to the mouth; a feeling as if vomiting would relieve. Turning the head, even gradually, aggravated the vertigo. At one, P. M., pressure over the eyes, aggravated by lifting the eyebrows. Sudden sleepiness. Five minutes later, too giddy to sit up. Ordinary conversation in the room greatly annoys. Ten minutes past one, P. M. The qualmishness increased, and the old pressure at the rectum returned. Rising from the chair aggravated the vertigo; the frontal headache was aggravated by moving the eyes, and by noise; speaking aggravated the nausea. Shivering in a warm room, and the head hot; shivering from the hips downwards. Rising aggravates the giddiness, and also the nausea. Burning and qualmishness at the stomach, with pain on pressure. Attempting to walk aggravates the vertigo very much; unable to stand alone.

Eructations, tasting of the medicine, with increased nausea; bitterness in the mouth, with dryness. Twenty-six minutes past one, P. M. The pain in the head, the nausea, and the pressure in the rectum aggra-

vated by rising, A little ordinary writing, difficult, from vertigo and confusion of mind. Thirty-five minutes past one. Pulse one hundred and twenty-six, small and thready; shivering, with chattering of the teeth, scarcely comfortable near a large fire. Ten minutes past two. All the symptoms ameliorated by a walk in the open air. Half past two, P. M. Aching, drawing pains in the left ankle, aggravated by motion; the pain extends up the calf of the leg. Dryness of the mouth, with bitter taste. Drawing pain in the left elbow. Ten minutes later. Extreme forgetfulness. Quarter of three, P. M. Violent urging to stool. Three, P. M. Stool of more fluid consistence than usual, and of very fetid smell; followed by renewed urging in the rectum. The passage is accompanied by chilliness and shivering. Twenty-five minutes past three, P. M. Marked dryness of the lips and tongue, with hawking of mucus from the pharynx. Sickly paleness of the face, especially around the eyes. Languid and dull, with little inclination for either mental or physical exertion.

Quarter to four, P. M.—Shuddering and horripilation, with eructations tasting of ptelea, At four, P. M., a griping contractive pain in the stomach for half an hour. Half past four. The pain moved downwards to the abdomen. Quarter to five. Urging to stool, and sudden discharge of a quantity of thin diarrhœic fæces, of cadaverous smell, with smarting of the anus. Rumbling in the bowels after stool. Five, P. M. Rending pains around the left knee, which come and go rapidly. Very little appetite, after eleven hours abstinence, with a strong repugnance to butter. Twenty minutes past seven, P. M. Another stool of the same nature as the previous one, yet somewhat thinner in consistence, and even more cadaverous in smell. Lassitude of mind, with disinclination to study; tasks performed in a perfunctory manner. Thirty-five minutes past eight, P. M. Griping in the bowels, with swelling of the liver, which is tender to pressure.

Retired at nine. Very sick indeed. After a restless, dream-haunted slumber till one, A. M., awoke with a seated, dull, heavy pain in the abdominal region, felt distinctly in the liver, which was easiest when lying on the right side; also a feeling of pressure on the lungs, and of suffocation when lying on the back. Lying on the left side, the liver dragging on its ligaments, and swollen and tender even to a light touch. There is also griping in the bowels, with rumbling, and pressure in the rectum. Abdomen bloated; pressure increased the griping. Rending, tearing pains in the left scapula. Head hot and feverish, with dull aching in the frontal region, especially on moving

the eyes. Dry heat over the whole body, especially on the palms of the hands. Restless and uneasy; unable to sleep. At half past five, A. M., fell into a light sleep, and awoke at seven, tired and unrefreshed.

December 14.—Bitter taste in the mouth; tongue dry and coated light brown. Appetite at breakfast poor, with the usual repugnance to butter. Eating a very small piece of cheese aggravated all the hepatic and gastric symptoms. All the symptoms are better in the open air, though rapid motion causes sharp pains in the right hypochondriac and epigastric regions. The griping and rumbling continue, and there is pressure on the rectum, such as precedes a dysenteric passage. Urine scanty, and of a deep reddish-yellow tint. Labor performed in a perfunctory manner. Mind feels dazed and languid.

Quarter past eight, A. M.—A discharge of fæces coated with slime. The passage is followed by tenesmus, which brings on a small discharge of fæces with a larger quantity of mucus, and this again is followed by tenesmus. During the stool, shuddering with chilliness of the sacral region; after the stool, smarting of the anus, with itching. The dejection does not relieve the pressure of the rectum, which becomes worse as night advances. Half past ten, P. M. The pulse at one hundred and four very small and weak. Eleven, P. M. A sudden attack of vertigo, lasting about one minute. Quarter past eleven, P. M. Great dryness of the mouth.

December 15.—Slept from midnight till about seven A. M. The pain in the forehead is deeper in the brain than it has been. Pressure, as of a stone at the pit of the stomach, aggravated by a light meal. Dry heat over the body, with sweat on the forehead. Eleven, A. M. A dull, aching pain in the small of the back, aggravated by motion. Thirty-five minutes past eleven, A. M. Acute, cutting pain in the spleen. Forty minutes past two, P. M. Aching, drawing pains in the left scapula and shoulder joint. Ten, P. M. All day had felt extremely weak. Remembered having heard Dr. Constantine Hering in his famous morning lectures, which, with characteristic kindliness, were without money and without price, lay down the position that "*provers generally indulge in superlatives.*" Nevertheless, felt entirely justified in writing "extremely weak." Felt weak in every limb, weak in brain, weak in memory, thought and will, as if a powerful and all-pervading disease had fastened upon him.

December 16.—Slept all night, though the sleep was dream-haunted, as before. Became conscious of a dull, aching pain in the

small of the back; motion adds a sharp, sticking pain to the dull one. Heavy, aching pain in the liver, with deficient appetite. Half past eleven, A. M. Copious stool of fluid consistence and bilious smell, with a very copious expulsion of ascarides. Stool followed by tenesmus, and succeeded by itching and smarting of the anus. Had to work a good deal to-day, though weak in body and mind.

December 17.—Slept from ten P. M., till four, when he was awakened by the severity of the lumbar pain, worse than yesterday morning. Weight and pain in the liver relieved by lying on the right side; aggravated by lying on the left, which causes a dragging pain. Griping in the epigastric region, with dryness of the mouth, yellow-coated tongue, and bitter taste. Weak and irritable all the forenoon, and with the frontal headache incessant through the proving. Legs weak during the forenoon, with drawing pains in the knees and the flexor muscles.

December 18.—One long and remarkably vivid dream all night, till four. Awakened by hepatic and gastric symptoms, all of which are aggravated toward morning. The urine, all through the proving, of deep reddish-yellow, and small in quantity. No stool all day. Appetite better than on former days.

December 19.—Last night sat up till half past eleven, with a view of testing whether the early waking was a result of the remedy, or a mere accident. Was very sleepy when he went to bed, but nevertheless, awoke about half past three. The gastric and hepatic symptoms were milder than they had been. Forty minutes past seven. A stool of natural consistence, smell and appearance. Appetite at breakfast very poor, with muddled feeling in the head. Ten P. M. All the symptoms have declined to-day, especially the headache.

PROVINGS BY DRS. FISH AND TRAIN.

Prover, twenty-five years old, with nervo-sanguineous temperament; light hair, blue eyes, and light build; weight one hundred and thirty-five pounds; in excellent health, having been free from sickness of any serious character for years; appetite good; diet temperate, using coffee once a day; continued the same during the proving as before; never used intoxicating liquors in any shape, nor tobacco.

First Proving.

March 30, 1867, ten A. M.—Took ten drops of the tincture. Soon experienced a sensation of nausea, with a nervous pain alternating from the left arm to left eye and parietal region.

Noon.—Ten drops. Dinner in half an hour, followed by an empty feeling in the stomach.

Two, P. M.—Fifteen drops. Great lassitude and weariness throughout the afternoon. Unusual fatigue after slight exertion.

Half past six, P. M.—Twenty drops. Nausea for a few minutes. In about an hour began to be feverish, thirsty, lips cracked and sore; an unusual occurrence with the prover. Slept soundly during the night. Saliva very profuse; ran from the mouth during sleep, and wet the pillow.

March 31, four, A. M.—Awoke (earlier than customary) with some fever, accelerated pulse, parched mouth, and an awakening of sexual desire. Took no medicine during the forenoon. Slight, continuous headache, lowness of spirits.

Two, P. M.—Twenty drops one hour after a hearty meal. Felt a burden in the stomach soon after, although previously no discomfort was produced by the dinner. It all passed away in two hours. Four, P. M. Felt very well; some lassitude.

Six, P. M.—Thirty drops. Within ten minutes, a full, throbbing headache, with dizziness and nausea; radial pulse, sixty-eight, but very strong, so as to be readily seen. Headache continued the same for half an hour, when it became sharp, and darted from temple to temple; very painful, especially when moving. Urinated five ounces (two ounces more than normal quantity). Natural in appearance; no evidence of albumen or urea crystals by tests. At seven, P. M., pain in the hypogastrium, in the region of the bladder; continued fifteen minutes. During this time the headache intermitted. Headache resumed in the left zygomatic region. These aches are very changeable, shooting rather quickly from place to place. Dull pain sets in about eight, P. M., in the umbilical region, quite severe, continuing half an hour. All symptoms disappeared during the evening.

Half past nine, P. M.—Thirty drops. Urinated five and a half ounces; clear. Retired soon after, and slept soundly during the night.

April 1, five, A. M.—Awoke refreshed; saliva flowed from mouth very profusely during the night; sexual desire increased; flatulence. Pulse slow, strong, irregular, sixty; urinated six ounces; normal in appearance.

Six, P. M.—Twenty drops. Slight return of the head symptoms. In half an hour, full, pressive ache in the frontal and temporal region.

Eleven, A. M.—Thirty drops. Stool, natural; headache; oppression at the epigastrium; unsteadiness and nervous irritability.

Half past one, P. M.—Thirty drops. Rumbling in the bowels; constriction of the pharynx; painful sensations in the temporal region, continuing over an hour. During the afternoon a sensation of languor and weariness spreads over the whole system.

Six, P. M.—Thirty drops. Dull, oppressive headache came on while reading, about nine. Urinated six ounces; rumbling in the bowels; perceptible increase in the flow of saliva. Retired at ten. Slept well, with the exception of troublesome driveling.

April 2.—Awoke about six, A. M. Took no medicine during the forenoon. Very languid; energy entirely gone. Appetite normal; urinated seven ounces. Stool natural; borborygmus; considerable flighty headache. Took ten drops at three, P. M., at fifteen minutes past, at half past, at four, and at half past. The attendant symptoms were headache, oppression, pain in the stomach, evident signs of gastralgia, tenderness at the sternum, and sensitiveness to the light during the whole day.

Five, P. M.—Twenty drops. Slight nausea; pulse full and hard, very irregular; feeling as of sand in the stomach; urinated six and a half ounces, clear, normal. Retired at nine with the usual feeling of *malaise;* head just ready to ache. Slept unusually well; saliva not so troublesome.

April 3, six, A. M.—Awoke with desire to urinate; passed seven ounces, clear. Unusual hunger, craving for acid food. Twenty drops, Headache in the frontal and temporal regions.

Eleven, A. M.—Twenty drops. Headache; weariness; urinated seven and a half ounces. Two, P. M. Headache in the occipital region, lasting half an hour, passing then to the frontal over the eyes, not very severe. Six, P. M. Twenty drops. Passed seven ounces clear urine; natural stool. At ten, P. M., urinated five and a half ounces. Uneasiness in the bowels, with flatulence; unusual quantity of saliva, thin and watery. Retired at a quarter past ten. Sleep disturbed by dreams. Driveling.

April 4, six, A. M.—Awoke feeling much refreshed; no pains or aches; urinated nine ounces. Took no medicine during the day. The day passed with scarcely a recurrence of symptoms till evening, when the feeling of uneasiness in the bowels (umbilical region) came on, increasing in severity until nine, when it was almost intolerable. It was of a peculiar character, bearing down, sometimes spasmodic, and griping; sometimes sharp and throbbing. Ten, P. M. Some relief, but a headache set in, confined to the temporal regions. Uri-

nated seven and a half ounces. This really severe attack passed off by midnight, and sleep brought entire relief.

April 5, half-past five A. M.—Awoke with the same pain in the bowels as the night before. Appetite poor; ate a light breakfast, which seemed to afford some relief.

Nine, A. M.—Twenty drops. At quarter past ten, pain in the bowels came on with redoubled vigor; headache also set in; obliged to lie down; great increase in the amount of saliva; urinated eight ounces. One, P. M. Pain less; headache less; appetite pretty good; ate a light dinner. Two, P. M. No pain for an hour and a half. Three, P. M. A slight touch in the umbilical region, disappearing in half an hour. Drowsiness succeeded, and the slightest effort seemed to weary. Five, P. M. But little change; no prominent symptoms. Retired at half past ten. Urinated during the evening eight and a half ounces; Stool natural.

April 6.—Slight headache in the morning. No trouble in the stomach or bowels until after dinner, when, immediately after eating, the stomach seemed perfectly empty; very troublesome sensation of goneness. Somewhat feverish; pulse natural, rather full. During the preceding days the fever symptoms had been absent. Some headache during the evening. Urinated during the day twenty-five ounces. Stool natural.

April 7, half past five, A. M.—Headache set in upon waking; continued during the forenoon. Pulse eighty-five, full. Feverish; thirsty, with a dry feeling all over the system. Voided twenty-seven ounces of rather clear urine. No further symptoms.

April 8.—No symptoms during the entire day, except the same nervous weakness of the eyes, experienced during the early part of the proving. Whole system seems relieved. Urinated twenty-two and a half ounces. Pulse natural; stool natural.

April 9.—Slight headache in the morning. Feels perfectly well.

During the above proving the appetite was generally good, the bowels natural; respiration unchanged; pulse, first full and hard, but, during the severe symptoms, quiet; again feverish and full at the close. Urine greatly increased in quantity; in quality unchanged. Saliva very abundant; almost constant driveling during sleep.

Second Proving.

April 16, 1867.—One week from the last record of the first proving. During the last few days the prover has felt unusually well.

Seven, A. M. Forty drops of tincture. Slight nausea.

One, P. M.—Forty drops. Quick, sudden starts of headache during the afternoon; *malaise.*

Seven, P. M.—Forty drops. A general change in the system seemed to have taken place, and the former weary feeling supervened with tenderness of the abdominal viscera, *i. e.*, readiness to become painful. Retired at ten. Felt a strange uneasiness in the bladder and prostate. Smarting sensation in the urethra upon urinating, rising out of bed for the purpose. Nearly ten ounces were passed. Smarting in urethra continued for twenty minutes after urinating.

April 17, morning.—Felt well. Eight, A. M. Sixty drops. An immediate feeling of heaviness in the stomach; eructation of wind; nausea; felt well in an hour.

Ten, A. M.—Sixty drops. Repetition of former symptoms. Well again an hour after.

Three, P. M.—Sixty drops. Headache now set in. At about five, the old pain in the umbilical region became a prominent symptom. The headache and pain continued without intermission; both rather severe.

Ten, P. M.—Took sixty drops and retired. Passed a restless night. Arose twice to urinate. Passed during the day and night thirty-one ounces. Stool natural.

April 18, five, A. M.—Arose, feeling sore, tired, and sick. Headache soon set in. Urinated nine ounces.

Eight, A. M.—Sixty drops. Appetite not very good. Umbilical region very tender, and seemingly on the point of aching. Noon, ate a light dinner. Urinated eight and a half ounces.

One, P. M.—Sixty drops. During the afternoon noticed an increase in the amount of saliva. Spitting became frequent, though unusual in health. Headache severe.

Three, P. M.—Sixty drops. Pain in the umbilicus and stomach, set in with vigor. Throbbing headache in the frontal and temporal regions; very painful. Pain in the abdomen, very severe. Nervous irritability of the eyes. Urinated six ounces. Stool natural.

Seven, P. M.—Feeling very sick. Took sixty drops, and retired. Restless, and in pain all over the head, stomach, and bladder At eight, was obliged to get up and urinate; passed six and a half ounces. Considerable burning in the urethra. Heat in the region of the prostate. Pulse, full, hard, tense, but not rapid. Skin dry and parched; lips cracked, although the saliva is greatly increased in quantity, and keeps up a constant driveling while lying on the

face. Rolled around till after midnight, when sleep gave some intermission to the constant pain.

April 19, nine A. M.—Arose with headache, feeling very sore, tired, and disgusted with everything. Urinated about six ounces. Pulse more rapid, ninety. Took one hundred drops, followed in an hour by thirty-five more. Nothing experienced from the fresh doses until about half past eleven, when, on a sudden movement, the headache became violent, and the whole abdominal region began to ache and pain. Rumbling in the bowels, followed at half past twelve by a diarrhœic stool, very dark in color, and sulphurous in smell. Pulse much more natural than on the preceding day. Saliva very abundant. Appetite all gone; eyes sensitive to light; general *malaise.* Pain in the bowels was eased but a moment by the stool. Three, P. M. Symptoms unchanged. Half past four. Headache confined to the left side. Abdominal pain settled to a steady, dull pain, not so severe as before. Diarrhœic stool. Headache passed off after the stool. Abdominal pain the same. Six, P. M. Headache resumed. Relieved at nine, feeling better than the night before, yet in much pain. Urine not measured during the day; about the same in amount as the day before; saliva not very troublesome.

April 20.—Some general feeling of *malaise*, tenderness, and pain in the umbilicus, and dull headache continued all day. Slept most of the afternoon. Three stools during the day, rather diarrhœic; urine nearer the normal amount; pulse rapid, from eighty to ninety; saliva troublesome.

April 21.—Occasional headache; bowel pains continue. Stools diarrhœic. Diarrhœic stools continued a full week, when the unnatural condition was removed. In a week more, the tendency to headache had passed off, but it was full three weeks before pressure on the abdomen could be endured without pain. An unusual amount of saliva has troubled the prover ever since. Urine natural in a few days.

Third Proving.

Prover twenty-one years of age; nervo-sanguineous temperament; light-brown hair; gray eyes; weight, one hundred and twenty-five pounds; in good health; no constitutional disease; temperate in habits, never indulging in the use of ardent spirits or tobacco. The medicine was of the third dilution, prepared with distilled water by the decimal scale, from Prof. Hale's tincture. Diet unchanged during proving.

April 15, 1867. seven A. M.—Took five drops. No symptoms. At eleven, took five drops. No symptoms. At six, P. M., five drops. Tickling in urethra after urinating. Urine deposits muddy sediment.

April 16, seven, A. M.—Ten drops; dull headache set in at about ten.

Half past eleven.—Ten drops. At two, P. M., urine increased in amount, filled with whitish sediment. Sensitiveness of the urethra; headache continues.

Six, P. M—Ten drops. Feeling of nausea; pulse rapid at bedtime; oppressive headache over eyes.

April 17, seven, A. M.—Fifteen drops. No symptoms during forenoon. Fifteen drops at half past eleven. Headache during afternoon; soreness at pit of stomach; appetite poor.

Six, P. M.—Fifteen drops. Headache increases during evening; quite severe upon retiring. Urine more nearly normal.

April 18, six, A. M.,—Arose feeling restless and uneasy. Sleep disturbed by dreams. Perceptible increase in sexual desire. Awoke during night with nightmare.

Seven, A. M.—Took fifteen drops. No special symptoms during forenoon. Took fifteen drops at half past eleven; pulse, small and rapid; thirst; furred tongue; poor appetite; desire for acid food; headache; nervousness.

Six, P. M.—Fifteen drops. Diarrhœic stool; headache continued; drank a great deal of water; retired at nine, feeling unwell.

April 19, seven, A. M.—Took fifteen drops. Repetition of symptoms of day before; diarrhœa; five stools during the day.

Half past eleven.—Fifteen drops. Headache during afternoon; feverish.

Six, P. M.—Fifteen drops. Felt better during the evening: urine, normal.

April 20, seven, A. M.—Slept much better than night before. Took fifteen drops. Headache; some diarrhœa; no further symptoms during day, with the exception of a diarrhœic stool and feeling of *malaise.*

April 21.—Awoke with slight headache, which passed off during the forenoon; diarrhœa; urine increased in quantity; pulse natural.

April 22.—No symptoms.

The diarrhœa passed off in the course of a few days, and no further effects were experienced from the proving.

Provings by Wm. H. Burt, M. D.

Prover, of sanguino-nervous temperament, with a little of the lymphatic; weight one hundred and forty-eight pounds; habits temperate, using no form of distilled or spirituous liquors, tobacco, coffee, or the like. Health excellent; appetite good; bowels move regularly once a day, generally in the morning.

First Proving.

April 20, 1867, six, A. M.—Took half an ounce of thirtieth decimal dilution, prepared myself in rain water. Had a natural stool before breakfast. At ten, A. M., had a stool of a mushy character, with distress in the hypogastric region. At noon, dull, pressive pains in the temples, with occasional fine, neuralgic pains in the temples. The headache is aggravated by walking. Headache continued all day, with eructations of sour fluid from the stomach, and great lowness of spirits. A sour stomach is something he is never troubled with.

April 21.—Great depression of spirits all day, with a black, lumpy stool at two, P. M.

April 22, six, A. M.—Took half an ounce one hour before eating. Felt unusually well all day until eight, P. M.; then had colicky pains in the small intestines every few minutes for one hour; the pains were not severe.

April 23, five, A. M.—Mushy stool; another at ten, P. M.; Unusually irritable all day, with slight, colicky pain in the epigastric region, and drawing distress in right hypochondrium. Legs ached all day.

April 24, six, A. M.—Half an ounce. Had a few sharp pains in the arms in the morning. While in bed in the evening, had fine, prickly pains in the fingers.

Second Proving.

The thirtieth dilution produced so few symptoms upon him, that he determined to use the sixth, prepared as before, in rain water.

April 27, six, A. M.—Feeling well. Took half an ounce an hour before eating. At half past six, severe distress in the region of the spleen. Seven. Sudden, pressive pain in the temples; it feels as if the temples would be pressed together; with distress in the epigastric region. Eight. Natural stool, followed by distress in the rectum. Nine, A. M. Constant distress in the small intestines, with an

urgency to stool. Occasional flying pains in the abdomen. Dull, frontal headache, feeling as if the temples would be pressed together. Drawing pains in the left heel. Noon. Have had frequent distress in the bowels. Two, P. M. Had severe nausea for five minutes, with distress in the umbilicus, and dull, pressive headache. Frequent fine pains in the fingers, and region of the spleen. Nine, P. M. Languid all day, with aching distress in all the joints, especially in the knees, ankles, and feet. All the evening had a drawing, aching distress in the right hypochondrium.

April 28, seven, A. M.—Half an ounce, half an hour before breakfast. A number of times through the forenoon had a feeling in the forehead as if it was being pressed together from temple to temple, with severe distress in the region of the spleen and right side of umbilicus; stool rather constipated. Very languid all the afternoon, with severe, aching distress in the wrists, knees, ankles and feet. Fine, sharp pains in the fingers. Dull, aching distress in the small of the back. Constant aching distress in the whole abdomen. The pressive headache has troubled me more than any other symptom to-day, with the aching in the back and legs.

April 29.—Awoke with severe backache, which passed off in one hour. Seven, A. M. Half an ounce, an hour before eating. Several times through the forenoon had pressive pains from one temple to the other; natural stool. Very languid from noon until six, with flushed face and a feeling as if I had fever; but the pulse was two beats below the natural standard. Constant frontal headache, with severe pressive pains in the temples, from one temple to the other, every ten or fifteen minutes. Almost constant cutting pains in the left umbilical and epigastric region, with aching distress in the right hypochondrium. Frequent rumbling in the bowels, with desire for stool. Dull backache.

April 30.—Awoke with severe pain in the lumbar region.

Seven, A. M.—Half an ounce, one hour before eating. Had constant pressive headache, with aching distress in the bowels, back and legs, with great languor, all the forenoon. Natural stool. Head, back, knees and calves of the legs continued aching severely all day, with rheumatic drawing pains in the elbows and bowels. Fauces feel sore. Atmosphere quite damp.

May 1, 1867.—Languid all day, with aching distress in the small of the back, knees and calves of the legs. A number of times through the day had hard, pressive pains in the temples. Very irritable and

desponding. Natural stool. Frequent drawing pains in the right and left hypochondrium. Occasional sharp pains in the stomach.

May 2.—Legs and back ached all the afternoon. Several times through the day had drawing pains in the right elbow joint and fingers. Natural stool.

May 3.—Natural stool. Legs ached all the afternoon until seven, P. M.

Third Proving.

May 6, noon.—Feeling well. Took half an ounce of the second decimal dilution, half an hour before dinner. In the afternoon, had hard, pressive pains at times in the left temple, with frequent cutting pains in the epigastric and umbilical regions, and constant drawing pains in the wrists, knees, and ankles, worse in the right knee and right wrist and fingers. Had very severe aching distress in the right knees all the evening; had repeated colicky pains in the small intestines, lasting but a minute or two at a time.

May 7.—Natural stool, morning and night, with colicky pains in the hypogastrium in the evening, before stool.

May 8, six, A. M.—Half an ounce. In the forenoon had slight distress in the abdomen, but all the afternoon had severe aching distress in the whole lumbar and sacral region. Natural stool, morning and night.

May 9.—Awoke with hard headache; passed off in a short time. Natural stool. Seven, A. M. Half ounce of the first decimal dilution one hour before eating. At eight, A. M., sharp pains in the umbilicus. Three, P. M. Excessive languor, with a feeling as if he had fever; pulse eighty-eight, soft and weak, with constant inclination to yawn. Five, P. M. For the last hour has had colicky pains in the umbilicus, and drawing pains in the hands and ankles. Pulse seventy-four; feeling much better. Once in the evening had hard, pressing pains in the right temple.

May 10.—Awoke with severe backache, which lasted about half an hour. Six, A. M. Two ounces first decimal dilution one and a half hours before eating. At eight, A. M., natural stool. Several times in the forenoon had severe cutting pains in the right temple. Noon. For the last hour has had constant distress in the right hypochondrium and epigastric region, with drawing pains in the fingers and ankles. Three, P. M. Very languid and feverish; pulse eighty-eight. Has had frequent cutting pains in the umbilicus.

May 11.—Same symptoms as yesterday, but not so strongly marked. Had a few rheumatic symptoms for several days, similar to the above noted.

Fourth Proving.

May 27, 1867, six, A. M.—Feeling well. Took forty grains of the solid extract, prepared by myself from the bark of the root of a ptelea tree six inches in diameter. In twenty minutes, sharp neuralgic pains in the right temple. In forty minutes, dull distress in the stomach, with fine stitches in right temple. Seven, A. M. Frequent darting pains in right temple, with constant distress in stomach (probably mechanical). In one hour and ten minutes after taking the medicine, ate breakfast, which relieved the distress in the stomach. At nine, A. M., natural but lumpy stool. Same pains in the temples. Tongue feeling as if it had been scalded; the whole upper surface feels as after taking aconite. Noon. Has had, a number of times, fine, sharp pains of a pressive character in the left temple. Tongue still has fine, sticking pains all over the upper surface. Frequent distress in the stomach. Aching distress in the calves of both legs. Hands hot and dry. Three, P. M. Feeling feverish, hands are hot and dry, and ache constantly. Pulse eighty. Occasional pains in the left temple. At five, P. M., hard, dull, aching pains in the wrists, hands, fingers and ankles. Nine, P. M. Tongue has felt as if it were scalded all day; occasional pains in the bowels. Languid feeling. Thermometer sixty-two. Rainy day.

May 28.—Slept well; awoke very languid. Tongue coated yellow, and feeling rough. Urine high-colored. Lumpy, dark-colored stool.

Six, A. M.—Took eighty grains. Ate breakfast an hour and a quarter after. Eight, A. M. Dull headache, with a feeling as if he had fever; breath seems to burn the nostrils. Tongue feeling as if it had been burned. Nothing tastes natural. Distress in the epigastrium; had constant dull headache all the forenoon, with frequent paroxysms of pain in the right temple, as if it would be pressed to the left side. Noon. Smarting of the eyes. Acrid feeling in the tongue. Languid and feverish. Rheumatic pains in the wrists, hands, fingers, knees, and ankles. Four, P. M. Languid, with dull feeling of the head. Several times through the afternoon and evening had sharp, colicky pains in the umbilical region. Thermometer seventy. Cloudy day.

May 29.—Slept well. Rough, flat taste in the mouth; tongue yellow, coated along the center and base. Natural stool.

Six, A. M.—One hundred and fifty grains. In half an hour, hard, pressive pain in right temple. Breakfast at half past seven. Nine, A. M. Severe, dull headache, aggravated by walking up stairs. Stinging, biting sensation all over the tongue. Teeth all ache and feel sore; increased flow of saliva that tastes saltish. Hands and fingers ache constantly. Ten minutes before noon. Severe nausea for two minutes, with efforts to vomit. Has had a severe dull headache all day, aggravated by walking. Increased secretion of saliva, with biting sensation in the tongue. Burning distress in the epigastrium (not severe). Slight colicky pains in the umbilical region. Dull, aching distress in the hands, fingers, knees, and ankles. Breath seems so hot that it irritates the nostrils; pulse seventy-four. Languid. At two, P. M., soft stool. Nine, P. M. Same symptoms as in the forenoon, but not so strongly marked.

Provings by Mrs. S. M.

Under the direction of Dr. Cowles.

Prover aged twenty-seven; of a bilious-sanguine temperament; with dark brown, or almost black, hair and eyes; of decided, yet mild, disposition; with strong constitution. A housekeeper. General health has been regarded good. Has been troubled somewhat with sedimentious urine, after the use of some kinds of food. Some tendency to rheumatism. Requires about eight hours of sleep regularly; subject to dreams, yet sleep is good and refreshing. For some days previous to proving, found urine as follows: Variation in quantity from twenty-two to thirty-five ounces; average for fourteen days was twenty-eight ounces. When it was the least, it had some red sediment upon standing. Weather mild and pleasant. No epidemic.

First Proving.

April 6, 1867.—Took ten drops of the first decimal dilution on sugar, regularly three times a day, about one hour before eating. Ten, A. M. Feels a trembling and weariness in the lower limbs. Two, P. M. Rumbling in the bowels. Four, P. M. Stitches in shoulder and hip. Nine, P. M. Dull pain in the left shoulder-blade, and some unpleasant sensation in stomach; sticking pain in the left knee.

April 7.—On getting up, had a feeling of lameness in small of back. Urine during last twenty-four hours only sixteen ounces, with reddish, cloudy sediment. Six, P. M. Soon after taking the drug, had a pain behind the right ear; also, twice during the evening.

April 8.— Lameness in back on getting up. Twenty ounces of clear urine. Half-past eleven. About half an hour after taking drug, had a sharp pain behind the right ear, near the carotid artery. Three, P. M. Hiccough; face burns; dull pain in the right side of head; pain behind right ear. From two to six, slight burning in face, followed by rheumatic pains in right leg and arm. Nine, P. M. Pain in back of left breast near the axilla; feeling rather languid; appetite somewhat increased.

April 9.—Had dreams of food and awoke hungry. Dull, rheumatic pain in anterior muscles of right femur and humerus, which disappear after getting up. Twenty-four ounces of rather red urine. Afternoon. Some pain in left biceps muscle. Six, P. M. Pain behind right ear, in left temple, and in back of neck. Ten, P. M. Hard pain in left side of head, and behind right ear.

April 10.—Slept pretty well, but had some dreams of food. Awoke towards morning, feeling somewhat feverish. Awoke having hard, sticking pain in left temple, followed by a dull headache, and cords of the neck lame on the right side; occasional stitches behind the right ear; pulse one hundred and four, small, quick and somewhat intermittent; mouth and throat dry; a faint feeling in stomach. About noon, headache, worse in left temple; pain in back of neck; whole neck feels swollen; pain in right mastoid process of temporal bone. Two, P. M. Pulse eighty-four; head aches, and feels large. Three, P. M. Pulse ninety-six; hot flushes and pain in top of head and eyes. For three days has had no stool till to-day. Stool nearly natural. Rainy by spells to-day. Feels sick all over and indifferent to duties. Went to bed in the afternoon, and soon to sleep. Awoke at five, P. M., with pain behind right ear and in shoulder, near the spine of right scapula; a lame spot on the inside of right knee as large as a penny; otherwise quite well.

April 11.—A cool night after the rain. Had ten hours of sound, refreshing sleep. Feels quite well; pulse eighty; twenty-eight ounces of clear urine in the last twenty-four hours. Lame spot still felt; back somewhat lame on waking. Eleven, A. M. A few minutes after taking drug, had a very severe pain in the right ear; had been ironing one hour. Pulse ninety-two. Two, P. M. Severe backache, worse in lumbar region; transient rheumatic pains in right side and right shoulder-blade; dull pain in region of liver. Had a slight headache and an unpleasant feeling in the throat all the afternoon. Five, P. M. Pulse eighty-eight, and occasionally intermitting. Seven, P. M. Feels

as though diarrhœa were coming; desire for stool, tenesmus, but no stool.. Heat and dryness of the œsophagus, as before.

April 12.—Slept ten hours. Awoke three or four times during the night with hard pain in the bowels; mouth and throat very dry. Awoke with headache, and unable to speak aloud for some time; a faint feeling. Twenty-one ounces of clear urine in twenty-four hours. Pulse seventy-five. Weary feeling in the limbs; rheumatic pains in arms. Two, P. M. Pulse one hundred and six; hot flushes and slight headache. Seven, P. M. Hard backache the whole length of spine and back of neck; also through right shoulder. Appetite good, but no stool for two days.

April 13.—Had a restless night, full of dreams, with some fever. Backache in the morning, pain in the bowels, and constipation. Nine, A. M. Hard stool, and after it a smarting like piles. Some backache and shooting pains through shoulder and chest. Has taken no more of the drug since yesterday. Two, P. M. Pulse ninety-six, with burning cheeks and hot flushes.

Symptoms passed off in three or four days after leaving off the drug. Less tendency to costiveness.

Second Proving.

May 7, 1867.—The tasks incident to a change of abode have required much more labor than usual. During the week past, has had a rather profuse flow of urine of a light color, with occasional rheumatic pains in upper and lower limbs, and neuralgic headache one afternoon, which was relieved by aconite. Bowels regular, not having been costive since ceasing to take drug. Catamenia returned two days too soon, and quite copious.

The second experiment was with the sixth decimal attenuation. During the seven days of proving, took ten drops regularly three times a day. Weather warm and pleasant. No epidemic.

No symptoms on the first day, except a slight headache after a long walk. During evening took slight cold.

May 8.—Thirty ounces of clear urine during last twenty-four hours. Soft stool at seven, A. M. Eight, A. M. Pulse eighty-eight. Three, P. M. Pulse eighty-two. No symptoms.

May 9.—Slept soundly all night, but dreamed of dead animals. Twenty-six ounces of clear urine in twenty-four hours. Nine, A. M. Felt a sharp pain behind the right ear; has not felt one since the last

proving, and never any before that. Increasing appetite. No stool to-day.

May 10.—Slept well and feels well. Twenty-six ounces of urine in twenty-four hours; pain behind the right ear at half past eight, A. M. Increasing appetite. At seven, P. M., soft stool, with tenesmus.

May 11.—Twenty-eight ounces of urine in twenty-four hours. Slept very soundly. Hungry all the time; unusual energy to work; in fact, feels better than before commencing the proving. At night had a slight headache. Retired at eight, and slept soundly all night.

May 12.—On awaking, had a pain in the small of the back, which ceased after rising, leaving, for a while, a tired feeling. Eight, A. M. Soft stool. At nine, A. M., felt a hard pain in the epigastrium, with slight feeling of nausea for about five minutes and afterwards, three or four times during the day. Bowels slightly distended at night, and feeling like diarrhœa. During the day would be startled at slight, unusual sounds. Went to bed early, and slept soundly all night.

May 13.—Feels lame in the region of the kidneys, on waking. Soon after rising and taking drug, felt sharp stitches through the right lung, which is sound. Soon after, had a pain behind the right ear, which she felt certain was caused by the drug. Bowels soon felt tendency to diarrhœa. Eight, A. M. Very soft stool. At ten, a darting pain under right breast. From two to four, P. M., headache on the left side, and sharp pain in left temple. Pulse ninety-two.

May 14.—Awoke with headache and hunger, both of which passed off after a hearty breakfast. Urine twenty-eight ounces in twenty-four hours; clear. Took last dose in this proving this morning. Rumbling in bowels. Eight, A. M. Had a sharp pain in left ear. Two, P. M. After a walk, lay down and slept three hours. Awoke with slight pain near the heart, and afterward shooting pain under the right breast. Pulse, on rising, one hundred; one hour later, eighty. Natural stool in the evening.

Remarks.—Thinks the provings have improved the condition of kidneys. Bowels nearly natural after first proving, but very costive since the second.

PROVINGS BY MR. ALLEN C. COWPERTHWAIT.

Prover a student of medicine. Age twenty years; nervous temperament predominant; dark hair; gray eyes; weighs one hundred and forty-two pounds; height five feet eight inches.

First Proving.

March 17, 1867.—Took five drops of sixth decimal dilution, four times per day, one hour before each meal, and before going to bed. Eleven, A. M. A severe frontal headache, lasting about ten minutes. One, P. M. Dull frontal headache, lasting all the afternoon.

March 18, seven, A. M.—Dull feeling, with sensation of weakness in upper extremities, which lasts all day. Towards evening the weakness extends to lower extremities.

March 19.—Nervous trembling of hands. Pressure in frontal region, extending into root of nose, with a sensation as if a nail was being driven into the brain on the left side. Symptoms ameliorate towards evening.

March 20.—Before rising in the morning, sensation as of a foreign substance in the larynx; on rising, pain in the right hypochondrium, disappearing on pressure. Throat sore, growing worse in the afternoon. From four to eight, P. M., aching of right molar teeth, commencing in lower jaw and gradually extending to the upper of same side. After going to bed, colicky pains in umbilical region, with a desire to press them, but pressure aggravates; better on rising. Stomach feels empty. Pains shoot from right hypochondrium downwards.

March 21, ten, A. M.—Feeling as if the tongue had been cut in the middle, and was just healing up. Two, P. M. Aching of right molar teeth, lasting only a few minutes; returning at six, P. M., lasting the remainder of the evening. Seven, P. M. Sore throat; worse than yesterday. After going to bed, colic similar to that described yesterday, but not quite as severe.

March 22.—A dull, stupid feeling all day. Colic pains came on earlier than yesterday, and are of short duration.

March 23.—A feeling of dullness, and inability to pursue studies; otherwise well.

March 24.—Took last of preparation last night. Three, P. M. Throbbing pains in the right hypochondrium.

March 25.—A general depression of spirits; no appetite.

March 26.—All the former symptoms, but greatly ameliorated.

March 27, six, P. M.—Itching of the right ear.

March 28.—Right ear inflamed, and somewhat swollen.

March 29.—Right ear broke out in white blisters on red base; copious discharge of a watery fluid on puncturing; shooting pains in ear, when lying on that side.

March 30.—Soreness and swelling of the lymphatic gland under right ear. Four, P. M. Steady, cutting pain in right hypochondrium.

March 31.—Vesicles on ear dried up, and cuticle desquamating. Aching in outer edge of ear, when lying down, relieved by pressure.

April 1.—No symptoms; perfectly well.

Second Proving.

April 8, 1867.—First decimal dilution taken same as in first proving. Seven, P. M. Aching of right molar teeth, lower jaw.

April 9.—On rising in the morning, a feeling of pressure in frontal region, and in root of nose; dull, frontal headache all day.

April 10.—Soreness in the abdomen; occasional stitches in right hypochondrium; some colic after retiring at night.

April 11.—Colic pains in the morning before rising, with discharge of flatulence. Dull pains in the forehead; heavy feeling over the eyes; pressure in the nose. After going to bed at night, colic, with emission of flatulence and borborygmus; awakens from sleep.

Friday, April 12.—Before rising, colic, with excessively bitter taste in the mouth; headache all through cerebrum; relieved somewhat on rising; colic disappears on motion, but comes on at intervals all day, with frequent discharge of wind from the bowels. Occasional throbbing pain over eyes, first right, then left; nervous trembling of hands. Eruption under the right ear, discharging a watery fluid.

April 13.—Dull, heavy feeling in the head; severe pains in left iliac region, worse on motion, occasionally changing to right side. In the evening, when first lying down, intense throbbing pain, commencing in glans penis, and extending to left pubic region, and gradually disappearing. When lying on the back, a feeling of pressure on abdomen.

April 14.—Shooting pains in the head before rising in the morning. Nine, A.M. Throbbing pains in left hip, lasting only a few minutes. About noon, severe colic, which seems mostly on the right side. Nervousness; an unexpected noise startles and causes a shooting pain over the eyes. Dizziness when walking. Nervous twitching of upper lip, extending to left eye.

April 15.—Throbbing pains in gluteal region. Cramp-like pains in region of the heart. In the afternoon, a severe headache, with depression of spirits, and a feeling of anxiety about some unknown thing.

April 16.—Headache over the eyes; weakness of the whole body;

the walls of the chest, especially, feel as if they would sink in. Disposition to worry about something, he hardly knows what. Throbbing pains over left temple, then over right; colic pains below umbilicus. After going to bed, severe throbbing pains over eyes, first right, then left. Took the last of the drug at night.

April 17.—Sensation of fullness in brain. When walking, a cramp-like pain in the sacral region, left side, so severe that he has to stand still until it passes off.

April 18.—Occasional pains in right hypochondrium, shooting downwards. Cutting pains over right eye, sometimes left.

April 19.—When bending the body, cramp-like pains in cardiac region. In the evening, walls of chest feel as if they had not power to expand when breathing.

April 20.—Sensation as if food was lodged between the teeth on right side, commencing on lower jaw, extending to upper; teeth feel as if elongated. Throbbing pain over right eye; intense itching on back of right hand. Eight, P. M. Throat sore on right side.

April 21.—Throbbing pain over right eye, sometimes shooting from the root of nose upwards. Two, P. M. Throat sore on right side; passed off about four, P. M. Seven, P. M. Some colic pains in the hypogastrium; toothache on right side.

April 22.—Soreness and inflammation of fauces, worse on right side; soft palate and uvula inflamed. Dorsum of tongue sore on right side, causing painful mastication and deglutition.

April 23.—Throat ulcerated on right side; right side of tongue inflamed, not swollen.

April 24.—Throat better. Throbbing pains in left temple.

April 27.—No symptoms, except a dull, frontal headache.

April 28.—Severe throbbing headache on rising; weakness of the whole body; at times cold streaks run up and down the spine; great hoarseness of the voice; breath hot; eyes heavy; throbbing pains over left eye, also in right temporal region; throat sore; when coughing, head feels as if it would burst.

April 29.—Headache seems to be more in the cerebellum. In the afternoon, the nape of the neck grows stiff, causing painful tension when moving.

April 30.—Sweat all last night. In the morning everything tastes and smells sour. Some throbbing pain in right temple. Swelling of lymphatic gland under right ear.

May 1, 1867.—Felt better generally; some pains in head on left side, but by evening the symptoms were all gone.

May 2.—In evening, intense itching of right ear.

May 3.—Ear swollen, little white vesicles rising under epidermis. Shooting and throbbing pains in right hypogastrium. A boil began to make its appearance on right side of forehead (the first in his life).

May 4.—Swelling of ear increasing. Steady pain in left hypogastrium, continuing several hours.

May 5.—The white vesicles in ear assumed a purple tinge. Swelling of lymphatics was disappearing.

May 6.—Ear not so much swollen.

May 7.—Desquamation of cuticle of right ear; the blisters discharged water.

May 8.—A feeling of weakness through the whole body. Nausea, and bitter taste in the mouth; tongue coated yellow; headache; eyes heavy. Frequent eructations of wind from the stomach; a distressing feeling of emptiness in œsophagus. Aching of right molar teeth, lower jaw, after going to bed; also shooting pains from left ear down to the spine.

May 9, seven, A. M.—Stinging pains in right ear; great soreness of the ear during the day; the blisters on ear scab over, and become filled with a greenish looking pus; moving jaws painful. Five, P. M. Pains in ear of intense throbbing nature, worse on moving and exposure to the air. When walking, wants to hold his hand over it; sometimes pains shoot from it to the boil on forehead.

May 10.—Dull, heavy feeling in frontal region; face swollen in front of right ear, and painful to the touch. The ear is not painful to-day; some pus is discharged, and the scabs desquamate. After retiring, aching of right molar teeth on lower jaw.

May 12.—A slight bruise on the large joint of little finger of right hand inflames and suppurates, causing painful tension of the fingers of that hand.

May 15.—Ear healing up; boil on forehead discharges some pus every day.

May 16.—Vesicular eruption on right hand, commencing at the sore on little finger and gradually extending upwards.

May 17.—The eruption appears under right ear, and gradually extends over the whole face and neck, and on right hip; burning and itching sensation in the eruptions; on scratching, they discharge water.

Saturday, 18.—Burning in eruptions, increased on exposure to air; much worse to-day than yesterday.

May 19.—No more burning or itching; the eruptions began to disappear, and by the 22d they were all gone, and desquamation of the cuticle had set in. The boil on forehead discharged no more, and by the 25th it had entirely disappeared. About the same time another one made its appearance on right side of the chin, which continued painful until June 2d, when it discharged some purulent matter, and then began to pass off; by June 5th, it was all gone, and from that date he experienced no symptoms.

During the above proving, he kept an accurate account of the rate of pulse, and could not detect any change; once, April 28, the pulse ran as high as ninety; but often, in apparent health, it has been higher than that; average, during proving, seventy-two. Kept account of the specific quantity of urine, and found but little change; standard, 1019; average during proving, 1023. Since the proving, one of the right molar teeth of lower jaw has commenced to decay, but whether the effect of the remedy, or not, was uncertain.

Generalities.

Right side principally affected; symptoms more from right to left, from above downwards, and from within outwards. Aggravated towards evening and on lying down. Ameliorated on motion and on rising.*

Provings by C. H. Lutes, M. D.

Prover of nervo-bilious temperament; age thirty years; of good health at the time. Proving made with mother tincture, taken in water.

First Proving.

February 22, 1867, two, P. M.—Took three drops. Half past three, P. M. Three drops. Nine, P. M. (In bed); sharp, thin pain across abdomen from side to side, half an inch above umbilicus; comes in flashes, at intervals of about one minute; relieved by pressure. Awoke in after part of the night with heartburn, and a sensation of fine, violent agitation of all the muscles of the body and limbs, worse in hands and fingers. This sensation passed away gradually in about five minutes.

February 23, seven, A. M.—Six drops. Nine, A. M. Sensation of intoxication; fits of vertigo, lasting three to five minutes, relieved by

* Dr. Bacmeister, his preceptor, thinks it will prove a valuable antipsoric remedy; he has prescribed it in a case of eruption similar to that described in this proving, and it worked like a charm, curing the case in a few days.

moving about, but worse on sudden motion. Sensation as if all objects about him were in quick, violent agitation. Ten, A. M. Sensation of cold and numbness in hands; they feel clumsy and stiff, with tingling and pricking, as if recovering from cold. Eleven, A. M. Fits of vertigo not so frequent, but more decided; worse on sudden motion and bending forward. One, P. M. Vertigo only when stooping. Two, P. M. Vertigo all gone, but head feels a little muddled. Took six drops; no symptoms.

February 24, noon.—Seven drops. No symptoms. Half past five, P. M. Ten drops. Six, P. M. Dull, heavy, passive pain around the umbilicus, with a fine, active pain above umbilicus, across the abdomen; relieved by pressure. Seven, P. M. No symptoms after supper.

February 25, nine, A. M.—Ten drops. Eleven, A. M. Dull, constant, heavy pain in the umbilical region. Abdomen feels hollow, empty, caved in. Took ten drops. No symptoms.

Three, P. M.—Fifteen drops. No symptoms.

Second Proving.

April 15, 1867, nine, A. M.—Took five drops of the mother tincture. Ten, A. M. Fifteen drops. Eleven, A. M. Felt languid and lazy; had no inclination to stir; aversion to all muscular exertion; constant nausea, and feeling of uneasiness in umbilical region; abdomen felt caved in. Sensation of softness in abdomen, and as if its front walls were drawn in towards the spine; dull, heavy pain in umbilical region. Abdomen weak, lax; sick; wanted to be let alone. Pulsations in umbilicous isochronous with those of the heart. One, P. M. Symptoms gone.

Three, P. M.—Took ten drops. At half past four, P. M., fifteen drops. Five, P. M. Dull, heavy aching in region of umbilicus; abdomen feels caved in, with sense of heat; general feeling of muscular weakness; inclination to avoid all exertion, mental and muscular; sensation as if the nervous system were resting; flushes of heat in abdomen. Half past five, P. M. Prickling numbness in hands; sensation as if they were cold and larger than usual. Six, P. M. Feeling in hands like that produced by electricity. Symptoms in the abdomen nearly gone. Nine, P. M. Beating in abdomen; tingling in hands and fingers; head feels light; mind confused; intolerance of loud talking. A voice usually pleasant sounds very coarse and rough; thought that it would produce spasms if he were obliged to listen. Impression produced by the sound heard last continues a long time.

April 16, half past five, A. M.—Ten drops. Ten, A. M. Fifteen drops. No symptoms.

April 17, nine, A. M.—Twenty drops. Noon. Twenty drops. In half an hour, a feeling of warmth in abdomen and stomach; dull pain in abdomen; general feeling of intoxication. Brain seems agitated, mind confused, pupils contracted; sensation as if all objects were in violent agitation; nothing seems to be at rest. One, P. M. Symptoms all less marked. Three, P. M. Symptoms gone. Took twenty drops; no symptoms.

Proving discontinued for want of time to attend to it.

Remark.—The above proving, though not very satisfactory to the prover, was not spun out, and made up from imagination. No symptoms were given but those well marked, and which could not reasonably be attributed to any cause but that of the drug.

C. H. L.

PROVINGS BY C. W. PIERCE, M. D.

Prover in good health, but having from birth a tendency to unnatural desquamation of the skin.

First Proving.

November 12, 1867, nine, P. M.—Took ten drops, mother tincture, in one ounce of water. Slept well until two, A. M., when he awoke dreaming of fighting.

November 13, seven, A. M.—Ten drops. Nine, A. M. A sharp, darting pain through upper lobe of left lung, lasting only a short time, but returning every half hour; aggravated by descending stairs; did not feel it after the first day.

Noon.—Ten drops. Appetite very good. A feeling of mental uneasiness, wandering from one subject to another.

Nine, P. M.—Ten drops. Was quite hungry, but did not eat very heartily. Had most frightful dreams; dreamed of getting whipped, and killing snakes.

November 14, seven, A. M.—Twenty drops. Had an abnormal appetite, but his food did not distress him. After eating, a feeling of liveliness and activity for one hour; next hour, gradual passing off of cheerfulness, amounting to sadness, and a disposition to be displeased with everybody and everything. Could not concentrate his thoughts. Soreness and weariness in lower extremities.

Noon.—Took twenty drops. One, P. M. Felt a sharp, darting

pain through left superciliary ridge, extending deep into the head, lasting but a short time; would return at intervals, whether in motion or not. A prickling in lower extremities, almost like that of pins, mostly in popliteal space; on scratching, it burns like fire, but no change in color of the skin.

Nine, P. M.—Twenty drops. Dreamed as before. Had a dull, heavy headache in frontal region; burning in the skin of lower extremities like fire. Could get more relief from rubbing than scratching.

November 15, seven, A. M.—Sixty drops. Feeling, as before, of liveliness after eating, followed by great depression of spirits. Red spots on lower extremities, alike in position on both; after an hour or so, they would change to a purple color; there would be no itching quite near or on the spots, but around on the healthy skin. Weakness and depression all over the body, especially in lower extremities.

Noon.—Took sixty drops. Felt all the afternoon as though he would brake out into a profuse perspiration, but did not. Bright red spots in various parts of the body, changing as before to a purple color.

Ten, P. M.—Sixty drops. Could go to sleep quite easily; was able to sleep only a short time, awaking from horrible dreams, and covered with a profuse perspiration. Itching was not so annoying while perspiring.

November 16, seven, A. M.—One hundred drops. One hour before breakfast counted as many as fifty spots on various parts of the body, most of them on upper and lower extremities; one or two on the chest. Itching more confined to the trunk. Discontinued the use of the drug for two weeks, during which time the itching continued as annoying as ever. By getting in the least degree excited or warmed, the spots would be as red as ever, but in an hour or so would subside and assume a purple hue. After the expiration of two weeks, could see where the spots had been. The itching was as annoying as ever; it did not produce any disorganization of the skin. As the spots disappeared, they became of a dirty-yellow color, somewhat like that left by a bruise. Appetite remained quite good for two weeks.

Second Proving.

November 30, 1867.—Took ten drops of the first decimal dilution three times a day for three days. Did not get any prominent symptoms, and discontinued the use of the drug.

PROVING BY MRS. W.

Reported by Dr. Pierce.

Prover aged thirty-five; of a bilious temperament; took the drug for three days.

November 12–14, inclusive.—Three times per day. The first day, ten drops at a time; second day, twenty; third, sixty. It occasioned quite an irritation of the skin, but not the peculiar spots manifested in the preceding case. The itching was so intense all over the body that she could not be induced to continue the proving longer. She described it as so many thousand fleas on her; could not refrain from constant scratching. The itching was not worse at night. The drug did not seem to have any other effect upon her.

PROVINGS BY A. V. MARSHALL, M. D.

First Proving.

To one hundred grains of sugar-of-milk, on which Prof. Hale had dropped one hundred drops of the tincture, the prover added one and a half ounces of alcohol. Of this solution he took a dose four times a day, commencing with three drops and gradually increasing, till at last, he took drachm doses, until the preparation was all gone. No symptoms were observed.

Second Proving.

He then waited four days and commenced taking the first decimal trituration, in three grain doses, four times a day, gradually increasing the dose to fifteen grains, when fifty grains (all which Dr. Hale had sent) were exhausted. During the last three or four days, there was a peculiar reddish-clouded appearance of the skin over the whole body. Aside from that, he remained perfectly healthy, taking his usual meals without tea or coffee.

Bowels continued to move once a day, as usual; would not have known from his feelings that he had taken any drug. Two days after discontinuing the drug, the clouded appearance of the skin disappeared.

Third Proving.

April 13, 1867.—Took one scruple of ptelein, one-fifth, at three different times on an empty stomach, and continued to take it in the same manner for four succeeding days. Felt as well as usual till

evening, when suddenly had a severe urging to stool; it was very loose and dark-colored. The diarrhœa did not continue.

April 14.—Bowels regular.

April 15.—No symptoms.

April 16.—Rose with a dull headache, which wore away after an hour or two. Had dreamed of armies of soldiers rising out of their graves, and marching into the house. Bowels regular. Occasional pains in various parts of the abdomen throughout the day. Went to bed at half past eight, P. M. Dropped to sleep, and at nine o'clock was awakened by a painful urging to stool; it proved to be another attack of diarrhœa; quantity small, but with much pain throughout the bowels.

April 17.—Dull headache in morning. Had dreamed of enemies prowling about the house. Felt a soreness about the abdomen, aggravated more by bending the body in any direction than by pressure. The soreness or heaviness of the bowels is such as to incline him, when sitting or walking, to support the abdomen with the hands, indicating a moderate degree of congestion of the abdominal viscera. Appetite about the same as usual, except that he gets tired before he has finished eating. Yesterday the tongue was slightly swollen, and had white fur on it; more of swelling and fur to-day, with burning of the mouth and lips as if touched with tincture of aconite. After taking the drug, had sour stomach and a dull, heavy pain extending around the small of the back.

April 18.—Rose with headache; brassy taste in mouth; stomach sour; bowels costive, and not so sore as yesterday. The soreness or lameness of the lumbar region is worse. Same doses. Pain in the lower part of each lung in the evening.

April 19.—Rose with a headache and general soreness of the body, and wandering pains about the limbs. Pain in lumbar region most of the time, and sometimes in the right hip.

April 22.—Symptoms similar to those on the 19th, except there is less energy and less appetite.

April 25.—The symptoms have gradually worn away.

May 1, 1867.—For some days has felt free from the influence of the drug. Has no acquaintance with, it except from these provings. Would think it might be of use in treating certain rheumatic cases in aged people, in which there is a general soreness of the body and limbs; and especially of the abdominal and lumbar regions, with alternate diarrhœa and constipation. Possibly it may be of use in some forms of skin disease.

Provings by E. Parsons, M. D.

January 12, 1867, ten, A. M.—Commenced the proving by taking fifty drops of the tincture. Noon. Took fifty drops. After this, experienced slight nausea and giddiness. Sharp, darting pains through the forehead and temples.

Half past two, P. M.—Fifty drops. Half past three. Confusion of ideas, and drowsiness.

Half past four, P. M.—Fifty drops.

January 13, nine, A. M.—Fifty drops. Ten, A. M. A severe pain in the region of the heart, lasting several minutes. Eleven, A. M. Severe pain in the left leg, three inches below the knee. Half an hour after, severe darting pain in the right temple, and throbbing pains in the left supra-orbital region. Fifty drops at half past one, half past five, and at nine, P. M. Retired about half past ten. Severe, sharp, darting pains in the right thigh; pains seemed to be muscular, and lasting for several minutes; also severe darting pains through forehead.

January 14.—Before rising, felt pricking pains through and in the throat, particularly in the tonsils and larynx, lasting several minutes, and quite severe; roaring in the ears. Half past eight. Fifty drops. Extreme lassitude; disinclination for mental labor or bodily exertion. Heaviness of the head, with a muddled feeling, and dull, aching pain in forehead. Took fifty drops at ten, A. M., at noon, and at two, P. M. Giddiness, dullness, and languor.

Four, P. M.—Fifty drops. Soon after this experienced severe darting and throbbing pains in the left supra-orbital region.

Eight, P. M.—Fifty drops soon followed by a sensation as if diarrhœa would come on. Sleep heavy, and troubled with dreams of robbers, &c.

January 15.—Took fifty drops at nine, A. M., noon, and three, P. M. Extreme lassitude. Pain in left lung, lasting for several minutes. Roaring in the ears. Disinclination for mental labor. Severe darting pains just above the supra-orbital ridge.

Six, P. M.—Fifty drops. Severe darting pains in right temporal region. Half past nine. Fifty drops. Pain in carious tooth, with extreme sensitiveness; soreness of the gums. All the teeth feel sensitive, with a dull, aching pain. Pulse eighty-five, regular, full; normal pulse seventy-five. Ten, P. M. Pain and rumbling in bowels, as if diarrhœa would supervene. Severe frontal headache. The pain throbbing. Half past ten. Pain and rumbling in bowels, with copi-

ous evacuation. Chilliness, with great sensitiveness to cold air, and desire to be near the fire. General feeling of *malaise*, with aching in the lower extremities, and premonitory symptoms of fever.

January 16.—Took fifty drops at nine, A. M., noon, three and seven, P. M. Felt very badly all day. Dull, aching pain through forehead and temples; roaring in the ears; severe pain in the lower extremities, worse on standing. Weakness, with disinclination to move or study; chilliness, and extreme sensitiveness to cold air. Pulse eighty-five. Urine scanty, with copious deposit of phosphates and epithelial scales. Specific gravity 1035.

January 17.—Fifty drops at nine, A. M., noon, three, five and seven, P. M. Felt better this morning, but in the afternoon felt quite badly again, with pain in the forehead and temples, aching in the limbs, dullness, drowsiness, and incontinence of urine. Specific gravity 1035. A free deposit of phosphates. Constipation. Pulse eighty.

January 18.—Fifty drops at half past eight and eleven, A. M., two and six, P. M. Felt better in the morning, but in the afternoon and evening much worse again. Pains to-day worse in the right side. Pains in the right leg, below the knee, extending to the ankle. Dull, aching pain in the small of the back. Pain in right zygoma, and in the right temple; also in the forehead. Nose stuffed up; sneezing; soreness of nasal passages; influenza. Pulse eighty. Urine frequent, rather scanty, some scalding, and difficulty of retention. Specific gravity 1030. Deposit less copious.

January 19.—Fifty drops at nine, A. M., noon, and four, P. M. Felt much better to-day till half past four, when the pains of the extremities, back, and head all returned. Pains in head quite severe at half past nine, P. M. Pulse eighty-four. Urine scanty during the day; the scalding and difficulty of retention all gone. Specific gravity 1030.

January 20.—Took no medicine. Feel some better. Catarrhal symptoms still continue, but less violent. Pain in the head, limbs, etc., not so severe. Urine slightly alkaline; copious deposit of phosphates and urates, tinged with purpurine. Specific gravity 1035.

January 21.—Awoke about two, A. M., with severe pains in forehead, roaring in the ears, and very severe pain in right kidney. Very restless and uneasy, rolling and tossing about. Could not get to sleep for a long time, from pain and restlessness. In the morning felt some better. Pain in kidney relieved. Slight pain in the head, and roaring in the ears, which increase in severity towards evening. In the

ivening, while riding on cars, had a severe pain in right forearm, lasting several minutes. The pain seemed to be in the flexor muscles of the forearm.

This ended the proving; all the unpleasant symptoms gradually disappeared, and at the end of a week he felt as well as usual.

Remark.—The prover was naturally of a costive habit, and was costive when he commenced the proving. But, after taking the drug, the bowels moved regularly every morning, without any particular uneasiness, for two or three days, when symptoms of diarrhœa came on, which, however, amounted only to one thorough operation as from cathartic action. After this the bowels became constipated again, there being no movement for two or three days at a time.

The appetite was much increased for the first few days of the proving, after which it diminished. No particular loathing of food, but rather an indifference to it.

The sexual appetite was very much increased for several days, after which there was a total absence of sexual excitement, until the medicine was discontinued.

PROVING BY A. HAYWARD, M. D.

Prover, aged thirty-seven, nervo-bilious temperament, health good.

April 17, 1867, eleven, A. M.—Took two grains of the third decimal trituration, and again at three, P. M.

April 18.—Sleep natural. No symptoms. Took doses of two grains, at six and ten, A. M. Frontal headache. Two, P. M. Two grains. Dull headache throughout the head. Six, P. M. Two grains. Severe pains in forehead and occiput.

April 19.—Slept well. Very little pain in the morning. Four grains at nine, A. M., and again at two, P. M. Head nearly free from pain. Nine, P. M. Four grains. Not much headache.

April 20.—Very little headache; sleep natural. Doses of six grains at six, ten, two, and six, P. M. Symptoms unchanged.

April 21.—No symptoms. Doses of ten grains at eight, A. M., noon, and four, P. M.

April 22.—Doses of fifteen grains at eight, A. M., noon, four, and nine, P. M. No symptoms.

April 23.—Doses of fifteen grains at six and nine, A. M. No symptoms. Two, P. M. Frontal headache. Fifteen grains; and again at five, P. M.; slight ptyalism and headache.

April 24, six, A. M.—Slight ptyalism and headache. Twenty grains;

again at ten, and at three, P. M. Ptyalism, but head nearly free from pain. Slight burning in throat and stomach.

April 25.—Doses of twenty grains at eight, eleven, A. M., three, six, and nine, P. M. No symptoms during the day, except slight ptyalism and a little dull headache.

April 26.—Doses of twenty grains at six and ten, A. M., and three P. M. Headache and slight sickness at stomach.

April 27 to 30.—Took doses of twenty grains four times a day, about three hours apart. No symptoms, except slight headache and ptyalism. Tongue smarts and prickles, and burns a little.

May 1 to 4.—Took daily four doses of twenty grains, three hours apart. No symptoms.

May 5 to 11.—Took daily three doses of twenty grains four hours apart. No symptoms.

May 12.—Two doses of two grains, first decimal trituration, six hours apart. No symptoms.

May 13.—Doses of two grains at six and nine, A. M., three and six P. M. Slight salivation. Out of medicine.

PROVING BY G. C. HUNTER, M. D.

Prover forty-five years of age; temperament bilious, nervous, and lymphatic, bilious predominating; weight one hundred and ninety-five pounds; slightly dyspeptic.

April 19, 1867.—Took five doses of thirty drops each of the saturated tincture of the fresh root, commencing at half past ten, A. M.

April 21.—Took six doses of thirty drops each.

April 22, eleven, A. M.—Took eighty drops, which was all he had prepared. He took in all four hundred and ten drops. Could not say that he felt the slightest unusual symptom during the time or since. Concluded that either his tincture was worthless, or that he was not a good subject for proving it.

CLINICAL OBSERVATIONS ON PTELEA.

Ptyriasis Versicolor.

A middle-aged man was covered with this eruption on all parts of the body except hands and face. He had all the usual characteristics of the disease. He had tried arsenicum, kali iod, and sarsaparilla with no good results. Ptelea, second dilution, ten drops three times daily, cured the case in six weeks.

E. M. HALE.

Chronic Gastritis.

A middle-aged woman had for several years a sensation of corrosion, eat, or burning in the stomach; occasional vomiting of ingesta, onstipation; fever every afternoon; lowness of spirits and debility. he had taken nux vomica, carbo veg., phosphorus, and several ther remedies, with only temporary benefit. Ptelea, second dilution, en drops in a spoonful of water before each meal, effected a permanent ure in five weeks.

P. H. Hale.

Erysipelas.

Two cases of erysipelas came under my treatment, in which quinia and iron had been used in large doses without success, and rather with injury to the patient. A rapid recovery ensued after the use of ptelea.

Dr. Miller.

Icterus, with Hyperæmia of the Liver.

In severe cases of this disease, I have found ptelea an excellent remedy. Ptelea primarily affects the liver; the stools are generally of a brown or gray color with considerable odor.

Dr. Miller.

Asthma.

In two cases of asthma, ptelea was of more service than any other remedy.

Dr. Miller.

Ascites.

I found ptelea to cure a case of ascites of very severe type after many agents had been employed without success.

Dr. Miller.

Phthisis.

Several cases of hectic fever, with purulent expectoration of a sweetish taste, but without any other chest symptom than a slight mucous rhonchus, and sibilant râle, were cured completely with ptelea.

Dr. Miller.

Tertiary Syphilis.

The disease had produced almost the entire destruction of the soft palate and fauces. (He had been treated with stillingin, iodide of potassa and mercury without benefit.) Ten grains of ptelein was

given every two hours. A gargle, of muriate of hydrastis was used. This treatment was continued five or six weeks, and resulted in the healing of the ulcer, and a decided improvement in the general health of the patient.

W. PAINE, M. D.

A returned soldier had been troubled with diarrhœa for several months, the ordinary remedies were used without benefit. His condition was of the most critical character, as there was not only a heavy, profuse, serous diarrhœa, but indications of ulceration of the bowels, with dropsical effusion. Ptelein was given in grain doses every two hours; it increased the appetite, and interrupted the discharge to a certain extent. I then added one-sixteenth of a grain of gillenin to every grain of ptelein, and gave it every two hours. I continued this treatment ten days, which afforded entire relief, and by the use of tonics and a nutritious diet the patient recovered.

W. PAINE, M. D.

RESUME OF PTELEA TRIFOLIATA.

[*Explanation of Symbols.*—(·) A pathogenetic symptom not confirmed by clinical experience. (*) Confirmed by clinical experience. (o) Curative, but not observed as pathogenetic. (v) Verified by one or more other provers. The symptoms in *Italics* denote the *persistence* of a symptom in all the provings. *With* in Italics couples symptoms of two classes.]

MIND AND DISPOSITION.

1 ·*Great languor* and *indisposition* for either mental or physical labor (vvvv).

·Malaise of body and mind (vv); desire to lie down and think of nothing at all.

·Inability to concentrate the thoughts; they seem chasing each other through the brain.

·Complete incapacity for mental exertion, with headache (vv).

5 ·Fretful and irritable at very slight causes (vv).

·Compelled to give up any attempt at exertion in P. M.

·*Performed his duties in a perfunctory manner.*

·*Great mental confusion* (vv).

·The mind moves slowly and heavily; with difficulty in remembering familiar things.

10 ·Extraordinary weakness of memory; inability to recall familiar names.

·Peevish, irritable feeling, and intolerance of noise (v).

·*Marked forgetfulness*, with increased headache, and disposition to hurry when writing.

·Great forgetfulness, and yet an ability, on collecting the thoughts, to recall things read many years ago.

·Confusion of thought, with hurriedness of manner; forgetfulness, with mistakes in writing. (From a large dose.)

15 ·Sick and faint (v); desire to shrink from any mental work.

·Dull and stupid feeling (v).

·Great depression of spirits, *with* sour stomach.

·Aversion to society; a wish to be let alone (v.)

·Annoyance and irritation from ordinary conversation (v).

20 ·Liveliness for an hour after eating, followed by great depression and sadness.

Head.

·Pressive feeling at the base of the brain, with nausea, closely resembling the ipecacuanha symptom; "Headache as if the brain and skull were bruised, penetrating through all the bones down to the root of the tongue, with nausea."

·Frontal headache all day (vvvv); pressing from within outwards.

·Pressive pain in the frontal region, extending to the roots of the nose, as if a nail were driven into the brain (left side).

·Piercing pain shooting through the temples (vv), *with* increased headache and nausea.

25 ·Splitting headache, *with* nausea.

·Piercing pain in the brain, *with* giddiness, and severe aching pain in the stomach.

·Headache after dinner, aggravated by mental exertion.

·Sharp, cutting pains through the front of the brain, alleviated by pressure.

·*Racking frontal headache*, with heat of the face and head, and great desire to hurry his business.

30 ·Heaviness in the occiput, with a gloomy feeling in the forehead.

·Heavy, pressive frontal headache, worse at night, pressing from within outwards, and aggravated by stooping.

·Stunning, pressing headache (a simliar one was cured by rhus).

·Head feels languid and heavy, with inability to follow a connected train of thought.

·Persistent headache, with sharp pains shooting from the frontal to the left parietal region.

35 ·Frontal headache, aggravated by moving the eyes, and by noise.

·Frontal headache deep in the brain.

·Sudden, pressive pains in the temples, worse in the right (vvv).

·Fine, neuralgic pains in the temples, worse in the right.

·*Constant dull headache* (vv), aggravated by going up stairs, and by walking.

40 ·Sharp, darting pain over the left eye, extending deep into the brain.

·Throbbing pains over the eyes, from right to left.

·Shooting pains in the head, before rising in the morning (vv).

·Throbbing pains over the temples, from left to right.

·Severe throbbing headache on rising, with great weakness.

45 ·Dull, frontal headache, with depression and sour stomach.

·Headache intermitting with pain in the hypogastrium, dizziness, and nausea.

·Pain in the left side of the head and right side of the neck.

·Headache over the eyes (v).

·Sudden pressive pain in the temples, as if they would be pressed together, or as if the right would be pressed to the left (frequently recurring during the proving).

50 ·Frontal and occipital headache (vvv).

·Headache while reading (v).

SENSORIUM.

·Giddiness on rising in the morning.

·Giddiness, with continual vertigo and increased abdominal tenderness.

·Giddiness of the head, and, when walking, reeling as if intoxicated (vv).

55 ·Giddiness and vertigo in the forenoon so as to necessitate a recumbent posture.

·Severe attack of vertigo, with increased headache, and aggravation of all the symptoms.

·Sudden giddiness, with faintness on turning the head; vertigo aggravated by even a gradual turning of the head.

·Vertigo and nausea, aggravated by rising to the feet, also by walking; inability to stand without the aid of a chair.

·Vertigo and confusion too severe to permit letter writing.

50 ·Sudden attack of vertigo, lasting a minute.

·Everything seemed to be in violent agitation.

Eyes.

·Twitching of the eyelids.

·A shooting pain over the eyes when startled.

·Nervous twitching of the upper lip, extending to left eye.

65 ·Nervous pain, extending from the left arm to left eye.

·Rolling the eyes upwards aggravated the frontal headache.

·Pressure over the eyes, aggravated by lifting the eyebrows.

·Heavy feeling over the eyes (v).

·Pain in the eyes (v).

70 ·Pupils contracted.

·Painful sensitiveness to light, with irritability.

Ears.

·Ringing in the ears, with slight giddiness.

·Sensitiveness to sounds (v); impression of sounds last heard continues for a long time.

·Intolerance of noise, and of loud talking; annoyance at even ordinary conversation.

75 ·Easily startled at usual sounds.

·Pain in the right ear.

·Continuous pain behind the right ear.

·Intense throbbing pain in the ear, worse on motion.

·Itching of the right ear, with inflammation and swelling, terminating in white blisters on a red base, discharging a copious, watery fluid. (Occurred twice on the same spot).

Face, Etc.

80 ·Burning heat of cheeks and face (v).

·Heat of head and face, especially of the forehead.

·Yellowish face, with dry, hot skin (v).

·Sickly paleness of the face, especially around the eyes.

·Pressure at the roots of the nose (v).

MOUTH, TONGUE, ETC.

85 ·Feverishness and dryness of the lips, with thirst. (Primary).

·The lips cracked and sore, notwithstanding an abundance of saliva. (Secondary.)

·Burning, prickling sensation of the mouth and tongue.

·Much dryness of the lips and tongue, *with* hawking of mucous from the pharnyx.

·Great dryness of the mouth, with bitter taste.

90 ·Great dryness of the mouth and throat (v).

·Increased secretion of saliva of a saltish or bitter taste.

·Drooling in the night, wetting the pillow.

·Fine prickling sensation over the whole face of the tongue (vvv).

·Tongue coated with a yellowish fur; the papillæ red and prominent.

95 ·Tongue dry and brownish yellow, or light brown (v).

·Tongue swollen (v), and furred; white.

·Tongue coated yellow along the center and base (v).

·Tongue feeling as if it had been cut through the middle and was now healing up.

·Tongue feeling as if scalded, or as after taking aconite.

100 ·Tongue inflamed (vvv), but not swollen.

JAWS AND TEETH.

·Dull, aching pains in all the teeth.

·Teeth all feel sore, *with* increased secretion of saltish saliva.

·Pain in the right molar teeth; first lower, then upper.

·Teeth feeling elongated, and as if something was crowding them apart.

105 ·Pain when moving the jaws.

THROAT.

·Roughness of the fauces, with nausea (v).

·Sensation as of a foreign body in the larynx.

·Slight vertigo, *with* a choking feeling in the pharynx (at evening).

·Soreness and inflammation of the fauces (vvv), soft palate, and uvula (worse on right side).

110 ·Throat ulcerated and tongue inflamed (right side).

·Distressing feeling of emptiness in the œsophagus.

·Slight burning in the throat and stomach.

·Hiccough.

·Sense of obstruction in the larynx on waking.

115 ·Great hoarseness; inability to speak aloud (vv).

Taste and Appetite.

·Appetite increased (vvvvv). Primary.

·Unusual hunger; craving for acid food.

·Voracious appetite; food had not its natural taste; *with* pain in epigastrium following every meal; despondency.

·Appetite poor (vvvv); but little appetite and no thirst.

120 ·Bread seemed tasteless; all other food tasteless or unnatural.

·Great repugnance to animal food; and to rich puddings, of which he is ordinarily fond.

·*Great repugnance to butter* and fatty foods; even a small quantity aggravated the epigastric pain.

·Disgust at the sight or smell of food, especially of roast beef.

·The taste of the medicine continually returning in gusts to the mouth, with a feeling as if vomiting would relieve.

125 ·Very little appetite (vv), with great repugnance to butter.

·Eructations tasting of the medicine, with persistent nausea (v).

·Eructations tasting of rotten eggs.

·Sour eructations (vvv).

·Frequent bitter taste in the mouth (vv), with dryness.

130 ·Taste of brass on rising in the morning.

Gastric Derangements.

·Slight but persistent nausea (vvv).

·Nausea and retching, *with* increase of frontal headache; aggravated by speaking.

·Severe nausea, with efforts to vomit, for two minutes.

135 ·Sensation of goneness, or an empty feeling in the stomach after eating.

·Nausea, with distress in the umbilical region, and headache (vv).

·Increased nausea, with heat of skin and profuse perspiration on the forehead (vv) after dinner.

·Sensation of repletion and fullness after a meal.

·Nausea and vomiting, without relief from the frontal headache (vv).

140 ·*Persistent nausea* (vvvv) and vomiting, *with* giddiness and unsteadiness of the legs; aggravated by walking (v).

·Awakened at one, A. M., by a pressing pain in the stomach, as of a weight; aggravated by motion and pressure, accompanied with eructations of a bitter fluid, with deathly nausea, confusion of head and sweat on the forehead. (The attack lasted four hours, and resembled acute dyspepsia.)

·Eructations, which almost caused emesis (after stool).

·Griping in the epigastric region, *with* dryness of the mouth, yellow-coated tongue, and a bitter taste (v).

·Eructations of bitter fluid, with deathly nausea.

145 ·Colic with emission of flatus, and borborygmus (vv).

·Emission of flatus, relieved by motion.

Remark.—All the gastric symptoms were much aggravated after meals.

HEPATIC SYMPTOMS.

·Sharp pains in the right hypochondrium (vv).

·Constant feeling of weight in both hypochondria when walking; a dragging pain (vv).

·Sharp, cutting pain in right hypochondrium, aggravated by a deep inspiration (while in bed).

150 ·Occasional pains in right hypochondrium, shooting downwards (v).

·Dull, heavy pain, apparently on the convex surface of the liver.

·Liver perceptibly swollen and sore on pressure, causing a dull, aching pain, with stitches.

·Awakened by a dull, heavy pain in the liver, relieved by lying on the right side. A feeling, when lying on the left side, as of the liver dragging on its ligaments.

·Liver swollen, and tender to a light touch.

155 ·Heavy, aching pain in the liver, *with* deficient appetite.

·Sharp pains in the right hypochondriac and epigastric regions, caused by rapid motion.

·Awoke with hard, aching distress in the base of the liver (v).

·Hepatic and gastric symptoms, aggravated towards morning, awaking the prover at four o'clock.

°Tertian ague, with profuse vomiting of bilious matters.

160 °Attacks of quartan ague, continuing for two years, resisting many remedies.

Stomach and Abdomen.

·Tenderness of the splenic region, with soreness on pressure (vv).

·Abdomen swollen and tender, with severe splenic pain (vv).

·Severe abdominal pain near umbilicus (vvv). Worse on motion.

·Sharp stitch proceeding from the umbilicus towards the spine when taking a deep inspiration, with increased tenderness on pressure.

165 ·A faint feeling in the stomach, with sourish eructations (v).

·A squeezing pain in the epigastrium, worse in bed, with swollen but not painful abdomen.

·Aching of the bowels while walking (v).

·Throbbing, griping pains in the epigastrium, aggravated by a full, deep inspiration, by speaking, and by pressure, causing nausea.

·Pain and soreness across the abdomen, and in the epigastrium (vvv), aggravated by standing or sitting erect, and relieved by stooping forwards.

170 ·Rumbling in the umbilical region, and swelling, with slight vertigo, and sweat on the forehead.

·*Rumbling in the bowels* (vvvv), and bloating, *with* tenderness on pressure.

·Burning and qualmishness at the stomach, *with* pain on pressure.

·Griping, contractive pain in the stomach, moving downwards (v).

·Griping, worse on pressure, in the bowels, *with* rumbling and bloating.

175 ·Pressure as of a stone at the pit of the stomach (vv), aggravated by a light meal.

·Colicky pains in the small intestines (during the evening).

·Flying pains in the abdomen, with desire for stool.

·Stomach feels empty after eating; a sensation of "goneness" (v).

·Severe aching distress in the left hypochondrium (vv).

180 ·Frequent drawing pains in the epigastric and umbilical regions (vvv).

·Stitches in the abdomen, relieved by pressure (v).

·Pain in the epigastrium, *with* nausea (vv).

·Severe pains in the left iliac region, changing to the right; worse on motion.

·Severe, bearing-down pains in the bowels; spasmodic and griping, or sharp and throbbing.

185 ·*Pain in the hypogastrium* (vv) and bladder, *with* headache, intermitting during the paroxysms.

·*Retraction of the abdomen* (vvv), *with* pulsations isochronous with the heart.

·Soreness of the abdomen, aggravated by motion, and relieved by carrying it with the hands (vv).

·Abdomen tender on pressure for three weeks after the proving.

° Ascites.

STOOL AND RECTUM.

·Sudden and unexpected urging to go to stool, which was diarrhœic, with slight tenesmus, accompanied by sweat on the forehead and head (vv).

190 ·Urging before stool, *with* straining during a diarrhœic stool.

·*Constipation* (vvvv), with a continual urging in the rectum.

·Constant urging to stool, with rumbling in the bowels all day (vvv).

·*Small, hard stool*, with much straining (vvv).

·Hard and difficult stool, followed by smarting of the rectum (vv).

195 ·Stools of usual consistence, with slimy coating, accompanied with straining and vertigo.

·Involuntary discharge of flatus, with ineffectual urging to stool.

·Urging to stool, with difficult passage of balls of hardened fæces.

·*Constant ineffectual urging to stool; a continual pressure in the rectum* (vv).

·Pressure in the rectum all day, resulting in the discharge of a small stool of indurated fæces, with slight relief; apparently a true torpor of the rectum.

200 ·Pressure in the rectum, with qualmishness, aggravated by motion. (From a dose of five hundred drops. See, also, the next five symptoms).

·Violent urging, followed by a stool of fluid consistence and fetid smell; the passage accompanied with chilliness and shivering; and, after this, renewed tenesmus.

·Urging to stool, and sudden copious discharge of thin diarrhœic fæces, of a cadaverous smell, *with* smarting of the rectum.

·Pressure in the rectum, as in dysentery, not relieved by a stool.

·Two stools in succession of fæces coated with mucus, followed by *tenesmus;* during stool, shuddering and chilliness of sacral region; after stool, smarting of the rectum, with itching.

205 ·Copious stool of fluid consistence and bilious smell; with it was a very copious expulsion of ascarides.

·Diarrhœic stools of a dark color, and sulphurous smell.

·Distress in the small intestines before stool.

·Mushy stools.

·Dark-colored, lumpy stools.

Sexual Organs — Male.

210 ·Intense throbbing pain in the glans penis, extending into the public region, when retiring.

·Increase of sexual desire at night.

·Lascivious dreams in the morning.

Sexual Organs—Female.

·Catamenia two days too early, and quite copious (after continued exertion).

Urinary Organs.

·*High-colored urine* (vv).

215 ·Urine of a deep color, and scalding slightly during its passage (v).

·Urine high-colored; the yellowish-red of Neubauer and Vogel.

·Urine redder than usual during the whole proving (v).

·Urine scanty, and of a deep-reddish or reddish-yellow tint, during the whole proving.

·Urine less, with a reddish, cloudy sediment.

220 ·Urine profuse, and of a light color; the quantity decreased and then increased during the proving.

·A deposit of muddy sediment in the urine; afterwards whitish, with increase in quantity.

·Pain in the region of the bladder, with headache intermitting.

·Pain in stomach and bladder.

·Uneasiness in the bladder and prostate gland; obliged to rise in the night to urinate.

225 ·Pain in the prostatic region.

·Tickling and uneasiness in the urethra after urinating.

·Smarting sensation in the urethra while urinating.

·Burning in the urethra.

Remark.—The quantity of urine increased each day, and afterwards slightly decreased (during two provings). The condition of the kidneys improved by the proving.

RESPIRATORY ORGANS.

·Aching pain, *with* occasional stitches, in the region of the diaphragm.

230 ·Stitches in the diaphragm, arising from continued speaking.

·Stitching pains in the upper part of the posterior mediastinum, aggravated by breathing or a recumbent position, and accompanied with soreness of the trapezius muscles.

·Pressure on the lungs, with a sense of suffocation.

·Uneasiness and difficulty of breathing, coming on as the gastric and hepatic symptoms declined; with dull pain especially in the right infra-clavicular region, accompanied by—

·Hacking cough, without expectoration. This has approached very insidiously, and now—

235 ·The right lung is dull on percussion at the apex.

·During a full inspiration, sharp pains shoot from the sternum towards the nipples; worse on the left.

·Pressure on the intercostal spaces, close to the sternum, causes a dull, aching pain.

Remark.—Those thoracic symptoms are better in the house, and aggravated in the keen air. (Secondary.) By T. N. from the tincture.

·Cough, with bursting headache, in the morning.

·A sharp, darting pain through the upper part of left lung; frequently returning, and aggravated by stepping downwards.

240 ·Pain in the lower part of each lung, in the evening.

·Stitches through the right lung, which is sound.

·Pain back of the left breast, near the axilla.

·Pain under the right breast.

·Cramp-like pain in the cardiac region (v).

245 ·Dyspnœa; the walls of the chest feel as though they would sink in (vv).

247 Asthma (from retrocession of erysipelas); incipient phthisis.

Phthisis with purulent expectoration of sweetish taste and hectic form (probably a bronchial catarrh.—*Hale.*)

Back and Neck.

·Severe aching in the lumbar and sacral regions (vvvv).

·Dull backache every morning on waking (vv).

·Hard, aching distress in the dorsal region, for an hour in the morning (vv).

·Pains in the left scapula, aggravated by the exertion of writing.

250 ·Bruised sensation in all the limbs and back; worse on pressure.

·Rending, tearing pains in the left scapula.

·Drawing, aching pains in the left scapula and shoulder-joint (vv).

·Dull, aching pain in the small of the back, aggravated by motion.

·Severe pains in the back, worse in dorsal region, disturbing sleep.

255 ·Awakened by aggravated pains in the lumbar region.

·Hard backache the whole length of spine and back of the neck, also through the right shoulder.

·Walking arrested by a cramp-like pain in the left sacral region.

·Lameness in the cords of the neck, right side.

·The whole neck feels swollen.

260 ·Dull, heavy pain and soreness in the lumbar region.

Upper Extremities.

·A tingling, prickling in the hands and fingers, like that produced by electricity (vv).

·A prickling numbness in the hands, which seem larger than usual and clumsy (vv).

·Fine, sharp pains in the fingers.

·Dull, aching distress in the hands and fingers.

265 ·Hands and feet are hot, dry and feverish (vv).

·Hands and fingers cold, numb, clumsy and stiff (vv).

·Dull pains in the elbows and wrists.

·Frequent drawing pains in the right elbow joint.

·Drawing pain in the left elbow.

270 ·Sharp pains in the arms while in bed, in the morning.

·Rheumatic pains in the right leg and arm.

·Flying, nervous pain, alternating from the left arm to the left eye and parietal region.

·Stitches in the shoulder and hip.

·Wandering pains and soreness in all the limbs.

LOWER EXTREMITIES.

275 ·Aching pains in the back part of the thighs (vv).

·Aching drawing in the left ankle, aggravated by motion, extending up the calf of the leg.

·Rending pains around the left knee; flying, fugitive pains, which come and go rapidly.

·Legs weak, with drawing in the knees and flexor muscles.

·Constant aching distress in the calves of the legs (vv).

280 ·Severe, aching distress in the legs all day.

·Hard, aching distress in the right knee all the evening.

·Aching distress in the knees, ankles and toes.

·Sticking, penetrating pain in the left knee.

·A lame spot on the right knee.

285 ·Throbbing pains in the left hip and gluteal region.

·Wandering pains in the limbs and right hip.

·Great weariness of the lower limbs, with trembling (vvvv).

·Drawing pains in the left heel.

·A peculiar reddish, clouded appearance of the skin, lasting two days (v).

290 ·Red spots on various parts of the body, mostly on the extremities, soon changing to purple, lasting two weeks, with itching around the spots.

·Prickling, like pins, mainly in the popliteal space; itching and burning, like fire; alleviated by sweating.

·Itching and irritation all over, like flea-bites.

·Eruption under the right ear.

·A boil on the forehead. [The prover never had one before.]

295 ·A slight bruise inflamed and suppurated.

·Vesicular eruption on various parts; burning and itching, aggravated by exposure to the air.

·Profuse night-sweats.

·Hot skin, *with* profuse perspiration on the forehead.

·Dry heat over the whole body, especially the palms of the hands and the face, with a feeling as if the prover had been up all night; feeling worse when the pains are worse.

Sleep.

300 ·Sleep sound, but haunted by frightful dreams (vv).

·Sleep deep and heavy, awaking with racking frontal headache, aggravated by rolling the eyes upwards.

·The sleep is broken and restless (vvvvv), and disturbed by frightful or annoying dreams.

·Frightful dreams, awaking in a profuse perspiration (v).

·Sleep restless, and disturbed by dreams and by drooling of saliva.

305 ·Languid on awaking, and unrefreshed (vvvv).

·Nightmare (v).

·Dreams of fighting; of killing snakes.

·Dreams of seeing soldiers.

·Dreams of food.

310 ·Dreams very vivid and lifelike.

·Sleep restless, dream-haunted, with pain in the liver on awaking.

·Sleeplessness almost total, from harrassing pain in the back; worse in early morning.

·Excessive inclination to sleep during the day.

·Sleep restless and heavy, with fantastic dreams of practising medicine among Brobdingnagians and Liliputians.

315 ·Languid and drowsy by day, with bitter taste in the mouth.

·Sleepiness, though he had felt unusually keen, and had enjoyed the full night's rest previous to taking the large dose (500 gtt.).

·Attacked with a kind of nightmare on being awakened at quarter past nine, P. M.; quite conscious, but unable to stir on account of a pressing weight on the stomach, and whole front of the body.

Fever, Pulse and Heart.

·Flashes of heat, mingled with chilliness, all day. Pulse eighty-eight.

Cold chills running up and down the spine.

320 ·Feverish heat, lasting all day, *with* pains in the limbs and nausea (vv).

·Increase of the nausea after dinner, with heat of the skin and profuse perspiration on the forehead. Pulse ninety-six, small and hard.

·Hot, dry feeling on the body, with cold feet (v).

·Dry heat over the whole body, with sweat on the forehead.

·Chilliness and shivering over the whole body, in a warm room; inability to keep warm at the stove (after taking five hundred drops).

325 ·Pulse one hundred and four, an increase of thirty-two beats in fifteen minutes.

·Shivering in a warm room, *with* heat of the head; shivering over the legs from the hips downwards.

·Pulse one hundred and twenty-six, small and thready, seventy minutes after the large dose; shivering with chattering of the teeth; scarcely comfortable near a large fire; but all the symptoms ameliorated in the open air.

·Shivering and horripilation, with eructations tasting of ptelea.

·Aching distress in all the joints, with great languor (v).

330 ·Very languid and faint, *with* flushed face and feverishness (v).

·Rheumatic, drawing pains in all the joints.

·Pulse seventy-two, weak and fluttering.

·Pulse increased twelve beats, soft and weak.

·Pulse accelerated (vvvv) and intermittent.

335 ·Hot and feverish all day (vvvvv).

·Hot breath, which seems to burn the nostrils.

·Hot flashes, *with* pain in the top of the head and in the eyes.

·Profuse night sweats.

·Pulse slow, strong, and irregular.

GENERALITIES.

340 ·A curious malaise, with such oppression and weakness at the stomach as to discourage all attempts at work.

·Great lassitude and weariness, with a disposition to hurry through duties (vvv).

·Extreme weakness of limbs, brain, memory, thought and will (v), as if from a powerful and all-pervading disease.

·Aching of all the limbs, especially of the flexor muscles.

·A fine, violent agitation of all the muscles of body and limbs.

345 ·Dullness, with weakness in upper limbs, extending to lower.

·Great languor and indifference to duties (vvv).

·Soreness of the whole body.

·Frontal headache during the whole proving.

·Rheumatic, drawing, or wandering pains throughout the body.

350 ·Flighty, nervous pains in different parts of the body.

·Loss of energy (v); languor and depression of spirits (primary).

·Unusual aches and pains all over the body, especially in the abdomen and head.

·Singing increases the nausea, and aggravates the headache, causing shooting pains from within outwards.

·Soreness and swelling of lymphatic glands under the right ear.

355 ·Great restlessness and despondency.

·Irritability of the sensory nerves.

·An unusual energy to work (secondary).

Conditions.

The symptoms assume the form of a severe bilious attack.

All the symptoms suddenly disappear after eating sour things, as sour grapes, or sour apple-sauce.

All the symptoms are better in the cool, open air (primary).

The thoracic symptoms are worse in the keen air (secondary).

The symptoms are all aggravated in the warm room.

The gastric and hepatic symptoms are aggravated by pressure *after meals*, towards morning, and after eating cheese, rich pudding, butter, or any fatty food; but relieved by motion in the open air.

The nausea is aggravated by lying down, or by noise.

The pains in the head press from within outwards.

The headache is *worse* after eating, or from mental exertion, moving the eyes, noise, walking, going up-stairs, stooping, or warmth, or during the night, while in bed; but alleviated in the cool, open air, or by pressure.

Predominantly aggravated in the warm room, after eating fatty food, when lying down, or early in the morning, from noise, or when stooping.

Predominantly alleviated in the cool, open air, when rising from bed, or during continued motion, and by the use of vegetable acids.

Directions.

From above downwards, from within outwards, mainly in the right side, or from right to left.

ARTICLE IV.

Provings and Pathogenesis of Menispermum Canadense, with Clinical Observations also, a Botanico-Medical Study of the Menispermaceæ. By E. M. HALE, M. D., of Chicago; Professor of Medical Botany and Pharmacology in the Hahnemann Medical College.

Before giving the provings of menispermum canadense (yellow parilla), it will perhaps be interesting and profitable to consider the relations which the members of the moon-seed family bear to each other.

The menispermaceæ are a natural order of dicotyledons, belonging to Lindley's menispernal alliance of declinous exogens, trailing shrubs, with alternate simple, usually entire, leaves, and incomplete usually unisexual flowers, sepals or petals similar in one or several rows, hypogynous, deciduous, stamens monadelphous, or occasionally free; the anthers adnate, extrorse, carpels solitary or numerous, distinct or partially coherent, one celled, ovules solitary; fruit, a succulent, one-seeded drupe. They occur in the tropical woods of Asia and America, and have bitter and narcotic properties, some being very poisonous. Anamirta paniculata yields cocculus indicus, illegally used to impart bitterness to malt liquor. Jateorhiza palmata supplies bitter columbo root, and cissampelos pareira is the tonic pareira brava. The menispermum canadense is the tonic yellow parilla of electic medical practice, and the cocculus carolinus is a species which is perhaps as poisonous as the cocculus indicus.

In the United States we have three members of this family, namely the menispermum canadense, the cocculus carolinus, and the calycocarpum lyoni (menispermum lyoni); the first only has been used in medical practice, and is the one which we shall mention particularly in this paper. The following table gives the botanical description of the three species and their differential peculiarities. Mention is also made of the columbo and the cocculus indicus we use in homœopathic practice.

Menispermum Canadense.

Plate II.

Cocculus Carolinus.

Plate III.

Calycocarpum Lyoni

Menispermum Canadense.	Cocculus Carolinus.	Calycocarpum Lyoni.
Plate I.	*Plate II.*	*Plate III.*
Leaves peltate near the edge, three to seven angled, or lobed.	Leaves ovate or cordate, entere or sinuate, lobed, variable in shape, downy beneath.	
Flowers white, in axillary panicles. June, July.	Flowers greenish, in axillary racemes or panicles. July.	Flowers greenish-white, in long racemose panicles. May.
Fruit, drupes, black ripe in Sept., resembling frost grapes, globular; mark of the stigma near the base; the ovary in its growth, after flowering, being strongly incurved, the wrinkled or grooved laterally flattened stone, taking the form of a large crescent, or ring, the slender embryo is therefore horseshoe shaped; stems round, striate, greenish-yellow when young, brownish when old; eight to twelve feet high.	Fruit, red, as large as a small pea; ripe in September; seed as in menispermum.	Fruit an inch long, globular, greenish, not incurved, but the thin crustaceous stone hollowed out on one side like a cup; embryo foliaceous, heart shaped; the shell crested, toothed on the edge of the cavity; stems, round, striate, climbing to the tops of trees.
Found on the banks of streams in all parts of the United States and Canada.	River banks, Southern Illinois, Virginia, and southward,	Rich soil, Southern Kentucky.

Of the medical properties of the cocculus carolinus, nothing is yet known. A medical friend once sent me a bunch of the fruit, and stated that a child, to whom he was called, died in convulsions after having eaten of a fruit similar, which the child had mistaken for frost grapes. It could not have been the fruit of the menispermum, as they are not known to be poisonous, moreover the leaves attached to the specimen sent me were those of the cocculus carolinus. The specimen was sent me from southern Illinois. Homœopathic physicians who reside in that section should investigate the qualities of this species.

Of the calycocarpum we know nothing relating to its medicinal effects. I am of the opinion that all the species belonging to the family of menispermaceæ, possess more or less narcotic power. The anamirta, from which the cocculus indicus is obtained, is the chief or typical member. Now we know nothing of the effects of the root (except that it is highly esteemed in India in diseases of the bowels), or leaves of this species, only the berries have been experimented with. The cocculus palmatus (columbo), on the contrary, is only known by the use made of the dried root, the berries not being known in medical practice. It may be that the berries of the columbo possess toxical qualities, similar to those of cocculus indicus, and the root of the cocculus indicus is probably as innoxious as the root of the columbo. The berries of the menispermum canadense

(yellow parilla) have not been experimented with. They may be poisonous, as well as the cocculus carolinus, and the root of the latter may be a "simple tonic" like the menispermum. Again, the root of the calumba may have toxical properties when fresh, for it is well known that many roots lose their virulent qualities when dried. An analysis of the root shows it to contain columbin, berberin, identical with hydrastin, and a volatile oil, which latter may in the green root be narcotic. Buchner states that a grain of the ethereal extract introduced into a wound in the leg of a rabbit, caused the death of the animal in ten hours. This shows that it is not altogether the "simple tonic" which it has been deemed to be.

The proving of menispermum given farther on, shows it to possess considerable influence on the cerebro-spinal system; in fact some of the symptoms have a resemblance to those of its eastern relative, the cocculus indicus. According to Riddell, the "roots and bark of most of the cocculi are bitter and tonic." He says nothing of the berries. He adds, that the chondrodendron con. of Peru, belonging to this family, is used as a febrifuge; the cissampeli are stimulating diuretics, and the root of the menispermum canadense is said to be tonic, alterative and diuretic. The cocculus crispus is used in Malay and India as a remedy in dysentery and intermittent fever. The cocculus cardefolia is a powerful emetic, and is used in Bengal in low types of fever. The cocculus bekis has a bitter and diuretic root, and is used in Senegal as a remedy in agues and urinary disorders. The cocculus fibraurea has the same properties. The seeds of the cocculus lacunosus and cocculus plukenetii, are said by Merat to possess toxical properties like the cocculus indicus.

Cocculus Palmatus.

This species is a native of Madagascar. It has a perennial root, formed of many fleshy, descending tubers covered with a brown skin, internally they are yellow. The stems are annual, twining with glandular hairs. Leaves alternate, large, deeply cordate, five to seven lobed, dark green above, paler beneath, hirsute. Fowers pale green in axillary raceme. Fruit, a berry, about the size of a hazelnut, covered with long glandular hairs. Seed reniform, of a black color, and transversely striated. This plant once described as menispermum palmatum is a near analogue of the menispermum canadense of this country It has been used in medical practice (allopathic) for nearly two centuries. It was used by the natives for bowel complaints before Europeans became

acquainted with its use. It has not been used to any extent in homœopathic practice, nor have any provings been made so far as I can ascertain. Allopathists value it very highly in dyspepsia, with constipation and flatulence; in gastric irritability unconnected with active congestion and inflammation; in the vomiting of pregnancy, or hysteria; and especially for the want of tone in the digestive organs, occurring after remittent and gastric fevers. The infusion is generally prescribed. I have occasionally used the lower dilutions in debilitated states of the stomach. In these minute doses it has had the effect of restoring the appetite, and hastening digestion. I believe a proving in large doses would elicit the same or similar pathological conditions, as above enumerated, and provings alone can give us the characteristic symptoms to guide us in its scientific application.

Menispermum Canadense.

Botanical Description. See page 120; also plate I.

Medical History. The first knowledge of this plant was doubtless obtained from the aborigines. Rafinesque makes but brief mention of its use by the Indian tribes in scrofula. Beach declares it to be an alterative and tonic in small doses, and in larger doses as a diuretic, diaphoretic and mild purgative. He says it rarely fails to augment the secretion of urine when given in dropsy. He also quotes from Dr. Jones' practice as follows: "When that corrosive poison (meaning mercury) has been administered, and produced its deadly influence upon the constitution, in short, when it has produced mercurial cachexia, which is the worst of all cachexias, by destroying the functions of the solids, and injuring the healthy quality of the fluids, this article (menispermum) will be found a very valuable remedial measure for the purpose of counteracting these effects. The same may be said of it in syphilitic diseases, when that virus has contaminated the solids as well as the fluids, and produced what may be termed a syphilitic cachexia; indeed it is invaluable for counteracting the morbid effects of that virus in the system. As an alterative it has no equal. It exerts a great influence on the skin in cases of chronic herpes."

Dr. Paine, in his Materia Medica of Concentrated Medicine, gives the menispermum a prominent position as a curative agent. He says: "It exerts its influence principally upon the gastric and salivary glands. If administered in two or three grain doses, every three or four hours for several consecutive days, it produces excessive discharges

of saliva, œdema of the fauces, with some inflammatory tendency. together with slight purgative influence and an increased flow of urine, It is used with great benefit in hypertrophy of the liver, cirrhosis and consolidation. The menispermum is also a valuable solvent in chronic adhesions of the pleura and peritoneum. It is of great benefit in gastritis, especially when there is induration or change of the structure of the gastric follicles. In syphilis, especially of the tertiary form, it is found to be of much value."

King, Scudder, Hallenbeck and other allopathic and eclectic writers, give this remedy considerable prominence, and unite in attributing to it valuable tonic and alterative qualities, although they add nothing farther than has already been adduced.

Pharmaceutical Observations. The root is considered to be the officinal portion. It is very long, slender and of a bright yellow color externally, lighter internally. As found in the shops it is usually pressed in packages, together with the stems, both of which are flattened and bruised. It contains active principles, similar to those found in its congener, the columbo. Mr. Maisch, determined that among its constituents are berberina, in small quantities, and a white or colorless alkaloid in larger quantity, which has an alkaline reaction on litmus paper, is soluble in ether, alcohol, and a large proportion of water.—(*American Journal of Pharmacy*, July 1863, p. 302.) The stems may possibly contain medicinal qualities, but in the absence of experiments nothing is known to a certainty. The stems possess, in a small degree the bitter taste of the root. Of the berries, nothing is known by me concerning their qualities. I can hardly believe them to be as innoxious as the root. Keith & Co., of New York, manufacture an active principle which they call *Menispermin.* Some eclectic physicians use it, and assert it to possess all the properties of the root. A fluid extract is made by the Tildens.

Officinal Homœopathic Preparations. Mother tincture and dilutions. Menispermin and its triturations. Tincture triturations.

Analogues. In our present imperfect knowledge of this medicine, we can only approximate to a proper selection, namely: "Aletris, ampelopsis, asarum, chelone, columbo, cistus, cornus, corydalis, euonymus, eupatorium perf., frasera, helonias, hydrastis, iris, leptandra, myrica, ptelea, stillingia among the new remedies. Of the old remedies it perhaps resembles the following: Agaricus, bryonia, china, cocculus indicus, dulcamara, ignatia, nux vomica, and rheum.

Dr. J. D. Taylor's Proving.

Prover a physician, thirty-five years old, nervo-sanguine temperament, irritable disposition, not strong constitution, and has had for several years a chronic bronchial affection. This trouble was worse for several days before commencing the proving, with quite copious mucous expectoration and soreness of the throat.

January 9, 1867.—Took thirty-five drops of the *mother tincture.* Soon after, a burning on the tongue.

January 10.—Took fifty-five drops. In one hour tongue felt raw, as if burned. In three hours, itching all over the body, especially over the glutei muscles and thighs, aggravated by warmth of the bed. (The morning expectoration less, and of a lighter color, *curative*).

January 11.—Took one hundred and fifty drops in the evening. During the night *restlessness* with *troubled and confused dreams* and sudden *starting from sleep.* Tongue coated yellow the next morning, thicker posteriorly, with raised papillæ, dry and parched. Dull, heavy headache, with a feeling of *fullness.* Dull pain the whole length of the back, with yawning and stretching. Pain in the umbilical region.

January 13.—Took two hundred and twenty drops at eleven, P. M. In three hours, aching in the bones of the legs; increased pain in the umbilical region; *intense headache* with *stretching and yawning*, some chilliness; eyes feel dry and swollen; urine high colored, scanty and hot. (The headache, and aching in the bones, lasted three or four days.) At the end of this time, very little expectoration and no soreness of the throat.

January 19.—Took two hundred drops at eleven, P. M. Next morning tongue coated all over with a yellow fur; throat feels dry and parched.

January 20.—Took one hundred drops at ten, P. M. During the night a feeling of fullness in the head; eyes feel swollen and dry; mouth and throat dry; hurried respiration. Tongue coated yellow next morning.

January 21. At eleven, P. M., one hundred and fifty drops. During the night, *headache, restlessness*, eyes feel as if swollen. The next morning, the yellow coat on the tongue, thickest at the base; *tongue swollen;* much sneezing and profuse flow of mucus from the nose; *headache with pressure from within outwards.* At noon, stretching and yawning; skin cold and dry, with some itching. At four, P. M., *intense headache*, with feeling as if it would *burst*, with pain the

whole length of the back; legs feel sore, as if bruised, with pain in the bones. (Bryonia relieved the headache; it was also ameliorated by walking in the open air.) The headache and pain in bones continued for three or four days. The pains resembled those caused by taking large doses of quinine, and were relieved by a few doses of china [1]. Many of the symptoms reminded me of those occurring in agues.

SYMPTOMS FROM VARIOUS SOURCES.

Violent vomiting and purging. (King).
Pulse hard, quick and full. (King).
Profuse urination. (Riddell).
Loose, frequent stools. (Hale).
Œdema of the fauces. (Paine).
Sub-acute inflammation of the fauces. (Paine).
Profuse salivation. (Paine).
Slight purgation. (Paine).
Profuse flow of urine. (Paine).

DR. INGRAHAM'S PROVING.

Prover is a physician, aged thirty-seven. Temperament, sanguino-nervous; hair brown and fine; complexion dark; eyes gray; disposition mild, good natured, but sad; quick and desultory in thought and feeling; uses no tobacco, tea or coffee; a hearty eater; general health good; has a slight chronic catarrh; at present feel a little like ague, inclined to perspiration; thick mucus from the nose; tongue has a milky coat; urine averages thirty ounces.

First day, May 27.—Took three grains of menispermin, one-tenth in three doses. No symptoms except slight tenesmus, with natural stool.

Second day.—Six grains in three doses; tenesmus continues; nasal mucus thinner, but more copious; urine thirty-four ounces, with white cloud near the bottom.

Third day.—Six grains in three doses; nasal mucus thin, but less copious; occasional tenesmus, bowels regular (tongue now clear of the milky coat, aguish feelings have now passed away); urine thirty-two ounces with white thready clouds floating through it.

Fourth day.—Six grains in three doses. Nose discharges but little mucus, nostrils feel dry; urine yellowish, about thirty ounces; occasional tenesmus; increased appetite; sleep well, but inclined to dream pleasing dreams.

Fifth day.—Six grains in three doses; rather thirsty; urine yellowish, thirty ounces; tongue coated yellowish-white; low spirited, absent minded; nostrils feel dry; a few pimples on the face; sneezing.

Sixth day.—Six grains in two doses. Tongue partly cleaned. Urine yellow and cloudy. Absent minded, but thoughts clear. Nostrils feel dry, especially the left, and itches painfully. Mucus excoriates. Tenesmus. Aching drawing pains in the muscles of the thigh, also in shoulder joints and region of scapulæ.

Seventh day.—Six grains in two doses. No sleep last night. Painful soreness of inner nostrils; nasal mucus scanty and dry. Slight drawing, aching in external muscles of the thigh and upper arm, also under left scapula. Noticed once or twice a slight jerking near left elbow, probably in biceps muscle.

Eighth day.—Six grains in two doses. Urine dark yellow, rather scanty. Aching in upper part of left femur and left hip joint. Drawing in the brachialis anticus. Tenesmus, but bowels still regular. Languor, laziness, mental and physical. Slight milky coating on tongue. Much thirst.

Ninth day.—Six grains in two doses. Aching in thighs, elbows, and shoulders. Slight headache in upper frontal region and through the temples. Nasal irritation has disappeared. Thighs itch. Face hot, and the pimples bleed easily.

Tenth day.—Six grains in two doses. Urine less dark. Feel surly, ill-natured and stubborn. Headache through temples, extending to occiput. Slept late and heavy in morning.

Eleventh day.—Medicine omitted. Slight nausea on waking in the morning. Headache in temples and occiput.

Twelfth day.—One dose of three grains. Slept heavily and late. Dreams of hearing cannonading. Quick tempered. Urine still yellow. Severe headache through temples and occiput. Itching of nostrils.

Thirteenth day.—Quick temper, and irritable. Dream of innumerable rats, which creep under my clothing (a ludicrous but entirely new symptom); low spirited, but attend to business with rapidity. Slight headache through temples and occiput.

Fourteenth day.—No symptoms except a feeling of itching and swelling of mucous membrane of left nostril.

Nineteenth day.—The only symptom which is persistent, is the disinclination to get up early in the morning, from unusual sleepiness.

SYMPTOMALOGY OF MENISPERMUM.

Explanation of signs, (·) pathogenetic; (*o*) curative; (*) pathogenetic and curative; (*v*) verified symptoms; (*t*) tincture used in proving; (*a*) alkaloid used in proving; (*italics*) prominent symptoms.

Emotive Sphere.

·Very low spirited, but attends to business with rapidity.
·Absent minded, but the thoughts were clear.
·Torpor of the mental faculties, with physical languor.
·Feels surly, ill-natured, and stubborn.
·Quick tempered and irritable.

Sleep.

·Restless sleep, with troubled and confused dreams.
·Sudden starting from sleep.
·Sleep well, but inclined to dream pleasant dreams.
·Sleeps late and heavy in the morning.
·Dreams of heavy cannonading.
·Dreams of innumerable rats, which creep under my clothing.

Head.

·Dull, heavy headache, with a feeling of *fullness.*
·Intense headache, with stretching, yawning and *chilliness.*
·Feeling of fullness in the head at night.
·Headache, restlessness, and a swollen sensation in the eyes at night.
·Headache, with pressure from within outwards, in the morning.
·Intense headache, feeling as thought it would burst, with pain the whole length of the back.
·Slight headache in upper frontal region, and through the temples.
·*Headache through the temples extending to the occipital region.*

Eyes.

·Eyes feel swollen and dry at night.

Nose.

·Nostrils feel dry, especially the left, and itches painfully.
·Painful soreness within the nostrils.
o Thick yellow mucus becomes scanty.

Mouth and Throat.

·Slight coating, of milky appearance on the tongue.
v·Very thirsty.

v ·Tongue coated yellowish-white, with much thirst, and hurried respiration.

·Burning sensation of the tongue.

·Tongue feels raw, as if burned.

v ·Tongue coated yellow, in morning thicker posteriorly, with raised papillæ.

·Tongue dry and parched.

·Tongue coated all over with a yellowish substance.

·Throat feels dry and parched.

·Mouth and throat dry.

v ·Yellow coating on the tongue, thickest at the base.

·*Tongue much swollen.*

·*Œdema* of the fauces, with some inflammation.

·*Excessive discharge of saliva.*

Liver.

o Hypertrophy of the liver. (?)

o Results of chronic hepatitis. (?)

o Cirrhosis and induration of the liver. (?)

Stomach.

·Slight nausea in the morning upon rising.

o Induration of the gastric glands. (?)

·Increased appetite.

·Violent vomiting and purging.

Abdomen.

v ·Pain in the umbilical region.

vvv ·*Tenesmus, but stool natural.*

·Loose, frequent stool.

Urinary Organs.

·Urine high-colored, scanty, and hot.

·Urine thirty-four ounces, white, with cloud in bottom.

Urine yellow and cloudy, voided thirty ounces.

vv ·Urine dark-yellow and scanty.

·Profuse flow of urine.

o Dropsy.

Skin.

·Sensation of itching over the whole surface of the body, *aggravated by warmth.*

·Pimples on the face.
v·Itching of surface, and pimples bleed easily.
o Syphilis (tertiary).
o Chronic herpetic eruptions.

Upper Extremities.

Aching in the upper arm and in the left scapula.
·Drawing of the brachialis anticus.
·Aching, drawing pain in the shoulder joints in the region of the scapula.
·Slight, jerking pains near the elbow, probably in the biceps muscle.

Lower Extremities.

·Aching, drawing pains in the muscles of the thigh.
·Aching in the upper part of the left femor, and left hip joint.
·Legs feel sore, as if bruised, with pain in the bones.
o Arthritic, and rheumatic complaints.

Circulatory System.

·Pulse hard and quick.
·Hurried respiration.
·Feverishness at night, with headache and restlessness.

General Characteristics.

Headache and pains resemble those caused by taking large doses of quinine, and were relieved by china, [1]. Many of the symptoms resembled those occuring in the different forms of ague. The headache was relieved by bryonia, and by walking in the open air. Nearly all the symptoms appeared to be aggravated in the morning. It exerts its influence principally on the salivary and gastric glands.

COCCULUS INDICUS.

In the early years of my practice I seldom used cocculus indicus. Of late I use it more frequently, and am inclined to think it more valuable in practice than is generally supposed. It resembles several remedies apparently widely differing. Gross compares it with ignatia, nux vom, phosphorus, pulsatilla, and rhus, with which it has many points of relationship, as well as many of dissimilarity. It has many points of similarity with cimicifuga, sepia, and stillingia, and a few with sanguinaria, iris, gelseminum, and lachesis. Cocculus indicus has *characteristic* symptoms which are unmistakable

and well marked. I venture to give as the results of some experience with it the following, which appear to me to be reliable, although a larger experience and observation would doubtless enable a larger number to be given.

Emotive Sphere.

Excessive irritability, excited by loud talking, or the least increase of temperature.

Melancholy and sad; indulges in sad reveries; is sensitive to insults, slights, and disappointments (*cimicifuga*).

Apprehensive mood; fears death and unknown dangers (*cimicifuga*).

Sensorium.

Vertigo, as if intoxicated, with confusion of mind, nausea, when rising from a recumbent position (*nux vom.*)

Head.

Sensation of emptiness in the head (*gelseminum*). Headache with nausea; vertigo, with pressure in the forehead; constriction in the brain, throbbing in the temples (*iris*, *sang.*), aggravated after sleeping (*lach.*), eating, or drinking (*nux*), in open air, while riding in a carriage. A sensation of *cloudiness* in the head, with dim sightedness, and black spots before the eyes after reading (*gelseminum*).

Spasmodic trembling of the head from weakness of the cervical muscles (*gels.*, *sepia*).

Eyes.

Pain in the eyes, as if they would be torn out, (*cimicifuga*, *sepia*). Amaurosis (see above).

Mouth and Throat.

Dryness and burning of the mouth and throat, the œsophagus seems inflamed, with difficulty in swallowing. Sensitiveness of the throat and a sense of constriction as if lame (*lach.*, *phos.*, *gels.*, *stillingia*, *bell.*, *eryngium*, *hepar sul*). Difficulty of speech from paralysis of the tongue (*hyos*).

Stomach.

Eructations followed by pain (stitching) in the stomach. Nausea and vomiting when riding in a carriage. Spasms of the stomach with shortness of breath, fullness with griping in the stomach, followed by a sensation of emptiness (*iris*, *ign.*, *dioscorea*).

Abdomen.

Spasmodic, crampy pain in the abdomen, with feeling of distension, followed by oppressed breathing and sensation of emptiness in the bowels (*coloc.*, *dios*).

The cocculus cardialgia and enteralgia is generally found in nervous, sensitive women, with irregular menses, *spinal* irritations and disordered mind (hysterical), or in men who are weakened by spermatorrhœa or dissipation.

Genital Organs.

Weakness with excitability of the sexual organ, with sensitiveness of the testicles or ovaries. Menses too frequent, with scanty, coagulated, dark blood, with uterine spasms (or the cardialgia or enteralgia above mentioned).

Chest.

Dyspnœa, as from constriction in the larynx. Spasms of the chest, with pressure as from a great weight, with palpitation of the heart, sighing and empty feeling in the chest (in hysterical women with scanty menses), (*ignatia*, *gelseminum*, *cactus*).

Back and Neck.

Weakness, with trembling. Sensitiveness, as if paralyzed, in the back and neck. Sensation of *crackiny* or stiffness of the vertebræ.

Upper Extremities.

Lameness and pain as if bruised, in the shoulders and arms (*cimicif.*, *rhus*, *sang*). Numbness and paralytic feeling in the arm (*rhus*). Twitching and jerks in the hands and fingers (*ign.*, *hyos*).

Lower Extremities.

Lameness and cracking in the hip joints. Paralysis of the lower limbs, with stiffness, numbness and bruised feeling (*rhus*, *nux*, *gels.*, *caul*).

Characteristic General Indications.

Sensation of *emptiness*, or *constriction* of internal parts.

Spasms (hysterical, or from cerebro-spinal irritation).*

Sleeplessness on account of vivid, bad dreams.

Great debility and faintness from slighest exertions.

Paralysis, one-sided, with numbness, bruised feeling and stiffness (*rhus*, *gels.*, *sang*).

Sensitiveness to talking, warm air, riding, grief (*ign.*, *cimicif.*, *scutellaria*).

Trembling, from excitement, over exertion, and pain.

Numbness, migratory, coming and going.

*The spasms caused by picrotoxin, the active principle cocculus and those caused by strychnia, are thus compared by Schudi, both being given in grain doses.

STRYCHNIA.	PICROTOXIN.
Causes tonic spasms.	Tonic and clonic spasms alternating.
Kills in three minutes.	Kills more slowly, e. g., one hour and a half.
Does not act upon the brain.	Acts in some degree as a narcotic on the brain.
Never causes vomiting.	Excites frequent vomiting.
Does not act upon the secretion of saliva or bile.	Increases both in a very marked manner.

ARTICLE V.

Retroversion of the Uterus, by A. H. Hull, M. D., of Chicago. Notes and Annotations by E. M. Hale, M. D., of Chicago.

The readers of the Transactions of the New York Homœopathic Medical Society will remember that several years ago appeared a small monograph on retroversion of the uterus. It was written when the author of this paper had had an experience of twelve years, and before many of the more modern instruments had been invented, wherewith to combat that abnormal condition. The only pessaries mentioned in that monograph were "Hodge's Double Lever," the "Horseshoe and the Ring." We have now several others, among the most notable of which is the admirable "Scattergood's" and "Cutler's," which latter is the only one really useful in those cases where retroversion occurs in persons who have a rupture of the perinæum. Several other ingenious pessaries have been brought to the notice of the profession, but none possessing the elements of practical simplicity.

In my recent work on "Sterility," I have given many of the more recent discoveries relating to the treatment of this displacement. In a recent conversation with Dr. Hull, of this city, I was struck with the large amount of experience and the excellent practical views of that gentleman, which, joined with his interest in all that pertains to that subject, led me to request him to write out the results of his study and experience. It is often the case that the younger members of the profession can give us fresher views of a medical subject, than those whose experience has been greater, but whose enthusiasm burns with ardor. On my own part, I have no desire to write myself into notoriety as a specialist on diseases of women.

The treatment of retroversio uteri and its study, was forced upon me before I had made materia medica the special study of my life.

LETTER FROM A. H. HULL, M. D.

It cannot be denied that the disease, retroversion of the uterus, is becoming more prevalent each day, and the consequent requirements of experienced treatment is made so apparent that I cannot refrain

from urging you, and those having influence with our medical journals, and professional societies, the necessity of laboring more earnestly in the discovery of the causes, and endeavoring to provide means for the best possible treatment. The subject is certainly worthy of consideration, if the many consequent diseases which through this are developed, are considered of any importance.

I am firmly convinced that there is more general ignorance on the subject of retroversion than upon any other pathological condition of the human organization, and I am as truly certain that the evils which always accompany and follow this condition are quite as numerous as may be found in any portion of the physical structure. The limited observation of six years practice has taught me that the causes which produce this condition are numerous. Before passing to the consideration of the subject of retroversion, it should be borne in mind that there are quite a number of varieties of this disease, comprising different pathological conditions, and requiring different treatment. The condition that physicians are most frequently called upon to treat, is simple, uncomplicated retroversion. There is a displacement of the fundus of the uterus backward upon the dorsal portion of the vaginal canal, and the cervix to the anterior of the vaginal tract, slightly downward and forward toward the symphysis pubis, so that it presents a transverse appearance. As far as differential diagnosis is concerned, we are unable to give anything satisfactory, from the near resemblance of its subjective symptoms with anteversion, except the knowledge gained by digital examination, which of course readily distinguishes between the two. The most frequent cause is perhaps successive pregnancies and premature labor; especially is this the cause in the case of women who cannot afford to employ suitable nurses, and whose family cares demand all their time. Perhaps three-fourths of the cases of retroversion that physicians are called upon to treat will be found in the above mentioned class, and it is particularly for the benefit of this class of patients that I call your attention to this subject. There are other causes which by no means should be lost sight of, and every effort on the part of physicians should be put forth to prevent their occurrence by way of advice to their lady patients, whenever opportunity or occasion offers. Too frequent sexual intercourse is often the cause of this distressed condition, especially in the class of women of a strumous diathesis. Ulcerations of the cervix and os uteri lead to retroversion by increasing the weight

of the organ. Blows upon the abdomen,* distended bladder, tumors relaxation of the vagina, rupture of the perinæum, and many other accidents are prolific in producing this sad result.

Symptoms.—The symptoms of retroversion are nearly allied to anteversion as I before stated, but we generally have a distressed feeling near the lumbar region, a constant pain, difficulty in voiding the fæces, nervous irritability, difficulty in locomotion, pain upon endeavoring to lie on the back, and general lassitude.

Yet I do not consider these symptoms entirely sufficient to pronounce the case as unqualifiedly one of retroversion, and as already indicated vaginal examination is necessary to a truthful diagnosis. One is ever liable to confound this condition with tumors that are sometimes found in the vaginal canal, and which it often nearly resembles; therefore much care should be used in distinguishing the character of the enlargement; of course, if the cervex is within reach, the difficulty is at once removed.†

* A prolific cause of retroversion has been pointed out by that acute observer, Prof. Guernsey, in a pamphlet lately given to the profession by that author. I allude to the use of the bandage after delivery.

In common with the majority of practitioners, I was taught to use the bandage after parturition, but for several years before I saw Dr. Guernsey's pamphlet, I restricted its use to a minority of cases.

Without quoting at length from that admirable paper, I will only call attention to one sentence, viz: "On reference to the natural position of the uterus and to its suspensory ligaments, it will be observed that *the bandage has the effect so to elevate the fundus as to threaten its retroversion*, and at the same time to favor its more ready descent into the pelvic cavity, thus causing prolapsus, and finally procidentia." (Page 2.) The bandage as usually applied by physicians or nurses, is pinned tightly over the lower abdomen, not only this, but a compress of folded cloth is often placed under the bandage over the uterine region, aggravating greatly the tendency to injurious results. The only cases where I now use the bandage is in those women with very lax abdominal walls; in other words, in those cases which are similar to cases after tapping for extensive ascites, here it prevents the distressing sense of faintness, but it should be applied no tighter than to relieve and support the abdominal parietes, and should be left off as soon as the comfort of the woman will permit.—(*Hale.*)

† The relation of a case which lately came under the care of the writer, may be appropriate in this place. Mrs. C., a lady of forty-four, sent for me in great haste. She was flooding in an alarming manner. She informed me that these floodings came on every four or five weeks, sometimes as often as three weeks. Her physician, a professor of diseases of women in one of the allopathic medical colleges in this city, had informed her that the floodings were due to her climacteric age, and the presence of a *fibrous tumor of the uterus*, which he professed to have found on examination, with speculum and digital touch. His treatment not resulting in any alleviation, she desired to resort to homœopathic treatment for relief. She was under my care on several successive occasions, for the attacks of flooding, but notwithstanding the use of platinum, senecin, and trillin, in the intermenstrual periods, and the use of the same with erigeron and ipecacuanha, and other remedies during the attacks, she received no benefit. Erigeron seemed to arrest the flooding better than any other medicine. An examination was desired. The *touch* detected the os uteri tilted forward under the pubis arch; the fundus, hard, sensitive, and unyielding, was found resting on the rectum, and *felt* like a hard globular tumor. On introducing the *sound* and turning it carefully round, the tumor disappeared. It was then nothing more than the engorged and perhaps indurated fundus uteri. This condition, by her statements, could be traced back to a fall from a heighth, since which accident she had been subject to undue floodings, and a constant distressing pain in the back, and obstinate constipation.

The speculum revealed a very slight abrasion of the os, not sufficient to cause any of the above symptoms; a medium sized Scattergood's pessary was applied, in a day or two the back ache ceased,

Treatment.—In proceeding to the treatment of retroversion, I shall not hesitate to state that in my hands medicine is, in its action, entirely inadequate to produce a cure, though, perhaps, this is not the case with other practitioners.* It will be comprehended by the preceding assertion that I am not of the class of physicians who entertain the idea, and perhaps well founded, by the result of their experience, that homœopathic medicine is capable of returning a displaced structure to its natural position, unaided. It occurs to my mind that one might as well expect to reduce a dislocated shoulder by the administration of arnica internally, and a lotion of the same externally, as to readjust a retroverted or prolapsed uterus with sepia, the conditions being equal.

By examining the pathology of the cases of displacement of this organ that come under our notice, it will be observed, as previously stated, that we find a condition of lassitude and general feebleness; we find the sympathetic nervous system all out of tune; frequent and sometimes constant hyperæsthesia; increased tendency to become hypochondriac, and all in all utterly unable to appreciate the choicest blessings or the most delicate tenderness.

In quite a number of cases that I have chanced to observe, this extreme irritation of the entire nervous ganglia has been paramount. This great misery ought to be made the study of professional men, and I look to you as a means of bringing the minds of your colleagues and co-laborers to a truthful understanding of the necessity of their engaging themselves more particularly in this important and frequent source of human suffering.†

the constipation was cured, and since then the menstrual periods have been regular as to time, and natural in quantity.

Could a more satisfactory result have been gained by other means? (*Hale.*)

*I must differ somewhat from Dr. Hull's experience, while I cannot accord with Dr. Jackson's assertion that *sepia* will cause replacement of a retroverted uterus; there are remedies which have doubtless effected favorable changes in a uterus after it had been replaced. It may perhaps be safely asserted that under certain conditions, as absolute rest, favorable position, and the like, that there are medicines which may have the effect to remove pathological conditions and thus render it possible for the uterus to return to its natural position. Of these remedies, sepia is undoubtedly the most powerful; next comes ferr iod, nux vomica, platinum, cimicifuga, helonias and murex. (*Hale.*)

†A lady came under my care not long since in whom I diagnosed complete retroversion. An examination proved the diagnosis correct. Upward pressure with the fingers failed to elevate the fundus. No instrument was at hand with which to draw down the os from under the pubes. The bowels had not moved for five days. An enema of a large quantity of water was ordered, and she assumed the position recommended by Dr. Thomas, as soon as the enema had produced copious evacuations from the bowels. On my visit the next day I was informed that all had been done as directed, and that she had been free from pain since. An examination showed the uterus in normal position, the fundus beyond reach, and the os pointing backwards; in this case the accumulated fæces doubtless presented a mechanical impediment to the return of the fundus.—(*Hale*).

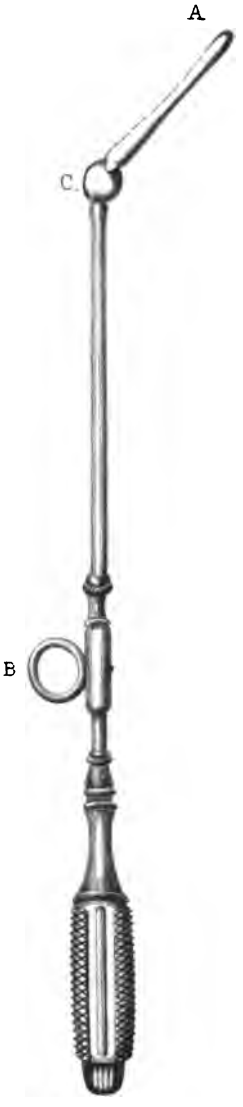
In nearly all the works published on diseases of women you can find but little mention made of retroversion. Whether it arises from a want of knowledge of this peculiar ailment, or a delicacy on the part of the numerous authors who have written so voluminously about everything else that women suffer from, I am unable to say, but certain it is, if all felt as earnestly upon the subject as I have done, more would have been written touching this particular cause of pain and disease.

When I speak of medicines being inadequate to produce a cure, you will please bear in mind that I consider them valuable as adjuncts in aiding the efforts of nature to resume the natural tonicity of the weakened structure, but I do not consider any or all of them capable of restoring a dislocated organ. Mechanical means must be employed, and I give you the result of my brief experience. First of all then, is replacement. This is accomplished in many ways; by manipulation with the fingers; by the introduction of water and plugging the orifice of the vagina; allowing the patient to remain on the face, elevating the hips at the same time as far as may be with comfort, by placing the knees of the patient upon a solid plane, and requiring her to incline forward until the face come to the same plane with the knees, and then readjust the organ by taxis, and also by the use of instruments adapted to this purpose, among which are Dr. Simpson's Uterine Sound, and Sims' Uterine Repositor; the latter to my mind is altogether preferable.

I can do no better than give the description of this instrument, copied from Dr. Thomas: "This instrument consists of a short metal sound A., terminating in a ball C.; the ball is clasped by a straight shaft, moves upon a pivot running through its center, and is perforated by seven holes; through this shaft runs a rod which is projected by a concealed spring that is governed by the finger passed through the ring B.; the ball can be made to revolve so that the sound describes a half circle by withdrawing a stop rod which runs through the shaft and depressing the instrument." Figure 1 represents the instrument.

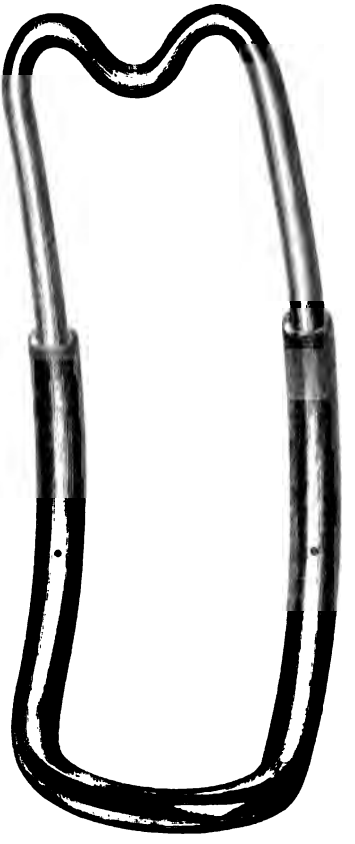
Until my notice was called to this admirable instrument, I had previously employed the sound invented by Professor Simpson; but this is a clumsy affair and liable, if used by those unacquainted with it, to produce rupture of the fundus uteri, which may result in metritis, peritonitis, and perhaps the destruction of the patient; although I do not know that such a case has occurred.

Fig. 1



SIMS'
Uterine Repositor

Fig. 2



SCATTERGOODS
Spiral Spring Pessary

But with Dr. Sims' instrument no such fears need be entertained, s it seems entirely adapted to the requirements of the case.

The different modes for replacement, especially Dr. Thomas'—that f placing the patient upon the knees, and then inclining the face o the same level—is impracticable from the fact that very few atients will submit to the position.

It is not a difficult matter to replace the uterus when simple retroversion is presented. It is only in those cases where there is retroflexion or prolapsus, or still worse, where we have retroversion by adhesion, that much difficulty is experienced, and in the latter case the labors of the surgeon are required to aid in the restoration. But the replacement of the organ avails nothing if it is not immediately retained, as the laxed condition of the ligaments allows the womb to descend to the old position, with the same distressing symptoms accompanying that were previously present.

For retaining the replaced uterus there are many and varied instruments before the profession, many of which are entirely unavailable, and but a few of utility. The "Double Lever," the "Closed Lever," and the "Open Lever," are in my hands almost useless. I cannot remember to have ever had any satisfactory results from either of them, as they are difficult to adjust, and more difficult to retain. The Elastic Ring pessary is quite available, especially when we have retroversion complicated with prolapsus. Patients wear them without discomfort and with great benefit. I call to mind a lady in this city—Mrs. N., aged about thirty-three years, had given birth to five children in seven years; was a weak woman naturally; during the two last pregnancies had been confined to the couch nearly all the time; the great weight in her weakened state produced retroversion and prolapsus, and each time after the confinement had only been able to move about by means of chairs; could not lie upon the back without producing acute anguish, faintness, and frequently complete syncope. She presented a sad appearance, face sallow, eyes sunken, and physically a wreck. I attended her for sometime; gave ferrum, macrotys rac, sepia, etc, etc., with no benefit, after which she consented to an examination. The uterus was completely retroverted and somewhat retroflexed. The elastic ring pessary was brought into requisition; patient felt immediately relieved, and the continuous wearing of this instrument for three and a half months resulted in an entire cure. This case is one of many, but more prominent than some, and for this reason I select it; however, I have reason to believe by my

own experience, and by that of practitioners with whom I have conversed, that the most reliable pessary now in use is known as the "Scattergood Pessary" with spiral spring in its branches,* a drawing of which I enclose, figure 2. The great benefit this instrument has produced in the short time that it has been before the profession leads me to urge its employment whenever opportunity offers. It is the simplest of all to adjust, and the most generally acceptable to the patients.

Prominent among the different diseases that this displacement is liable to produce is menorrhagia; and at this juncture I simply desire to specify the treatment that I have generally adopted for the peculiar incidental symptoms that occasionally present themselves for treatment. Menorrhagia is very apt to occur with all its debilitating tendencies in a retroverted uterus. Generally it will be found to be best controlled by the administration of trillium or erigeron can. In some instances, secale cor. is of great value, especially when the menorrhagia is of a sympathetic character.

We frequently meet with a condition of engorgement which may be relieved by sabina. Some practitioners recommend aloes in this troublesome condition, but to my mind it is only indicated where we have an abrasion or rupture of the lining membranes of the uterus produced by mechanical means.

Uterine congestion accompanies menorrhagia quite frequently, and both are concomitant symptoms of the retroverted womb, and arsenicum alternated with belladonna often suffices to prevent serious consequences. In the active class of cases of menorrhagia, erigeron, trillium and hamamelis have been of the greatest service in my hands, and for passive hemorrhage of a dark grumous character ferrum takes the preference.

A very prominent symptom which I have found accompanying retroversion is menstrual colic, and so far in practice, I have seldom failed to relieve it by the use of caulophyllin and cimicifuga. If of a spasmodic character, gelseminum or dioscorea generally brings speedy

*For nearly two years this ingenious pessary of Mr. Scattergood has nearly superseded all others in my hands. It has many advantages over all others, namely: First, the springs in the branches allow the instrument to move with the movements of the pelvic viscera, and other structures. Second, there is no danger of injury from coughing, sitting down, or other accidents and occurrences of a similar character. Third, the pressure of the instrument is not all the time on one portion of the vagina, thus removing any fear of the results of pressure, erosion, and the like. Fourth, the curve in the lower cross bar prevents any pressure on the urethra, a very desirable end to be attained. I have used Dr. Cutler's pessary but twice; once in a case of ruptured perinæum, and once in a case when, from some unknown cause, the former could not be borne. In both cases the result was satisfactory.—(*Hale*).

lief. There are numerous other remedies in the materia medica that re equally available as the characteristic symptoms are developed.

How frequently do we find chlorosis in immediate association with his disease under consideration. Whenever I have found the two similated, my mind has not been clear as to which was the primary isease, nor can I now state with any certainty of correctness the ict of priority; but certain it is they are very liable to coexist with ach other, and it is equally true, at least it so appears to me, that he replacement of the retroverted uterus cures the other malady.

Graphites and sepia and sometimes pulsatilla are generally indicated; he latter when there is loss of appetite, languidness and occasional hills. The two former and especially the first, when the menses are etarded or painful, or of an insufficient quantity, and perhaps when there are any eruptions upon the surface of the body. Sepia is invaluable in all cases of chronic character, with leucorrhœa and feeble nutrition. Conium, stannum, ferri iodide, nux vomica, collinsonia, coffea, and aconite will be found of great value in many cases, which I shall not here specify.

The general condition of the patient should be observed and due caution used to prevent the accumulation of urine in the bladder, or of fæcal matter in the rectum. Cold water injections will be found useful both as curative and hygienic. It is a direct capillary stimulant, and has brought the happiest results from its use. I am of the opinion that any pessary which may be employed should be removed and replaced occasionally, as unremitting pressure upon a structure is liable to produce atrophy and quite frequently destruction of the part.

Enough has been said in this communication to give you an idea of my manner of treatment in this disease; I trust you use your efforts in endeavoring to lay before your colleagues and associates the necessities and requirements, in this class of cases. For myself, I deem it of great importance to be enabled to have even a meager comprehension of the subject.

ARTICLE VI.

The Colorado Potato-Bug, Doryphora (10-lineata). By E. M. Hale, M. D., Chicago, Professor of Medical Botany and Pharmacology in the Hahnemann Medical College.

The great interest involved, when considering the subject of this scourge of the west is so paramount, that a whole country are anxious to learn what to expect and how to meet the approaching foe.

The State of New York, so productive, so vast in area, so rich in its own internal wealth, does well to anticipate the rapidly approaching destroyer that makes all desolate before it, and being forewarned may, perhaps, avoid the ravages of the merciless "potato bug" under consideration.

For what particular purpose this vile thing was created, except, as one writer expresses it, that man might look upon it, and the desolation it produces and still keep the third commandant unbroken, is yet to be discovered; though some of our medical writers have advanced the theory that it may be made to answer some of the requirements of the human economy as a curative agent. Should this prove true we may, perhaps, be waging war upon a blessing in disguise. Until such fact shall be substantiated by undeniable truths, we may well employ our time in discovering ways and means for prevention and extermination.

SCIENTIFIC DESCRIPTION.

Scientific entomologists differ somewhat in their description of the beetle, and we are consequently at something of a loss to give a purely scientific analysis, separated from the natural history, which seems to have been embodied more or less in all the articles that have appeared previous to this date.

Dr. Fitch's Ninth Report on the "Noxious Insects of New York," page 231, gives, to my mind, the most satisfactory article touching this subject.

Commencing with the full developed female, he says: "The female in confinement drops her eggs in little clusters upon the leaves on which she has been feeding.

"The eggs are bright yellow, smooth and glossy, 0.06 inch long, and 0.035 inch broad, of an oval form with rounded ends. (Figs. 2 and 4).

"The larva (fig. 3), when full grown, is over half an inch in length, nd half as thick, being thickest back of the middle, and tapering to point at its tip. It is a thick, plump grub, strongly arched above, nd when viewed on one side its outline is nearly the form of a rescent. The head is small, and much narrower than the fore part f the body, and is of a flattened spherical form; its mouth is furnished rith short, conical-jointed feelers, and large jaws, which are blunt at heir ends, with little sharp teeth like those of a saw. Immediately bove the mouth, on each side of the head, is a small conical pointed projection, which is the antenna. The thorax has a large transverse space on the top of the first ring, of a firmer and somewhat coriaceous texture, and broadly margined with black on its hind side, and with dusky at each end. The abdomen is the thickest part of the body, and is distinctly divided into nine segments; it is very plump and rounded, but flattened on its under side; it gradually tapers posteriorly with a conical point, the apex of which is blunt, and serves as a fore leg, two small vesicular processes on its lower side at the end serving as feet. There are six legs placed anteriorly upon the breast, each leg being composed of three joints, and ending in a small claw.

"The larva is of a pale yellow color, often slightly dusky or freckled on the back, with minute blackish dots, and along each side are two rows of large black dots, those of the upper row larger, seven in number, and are not continued on the thorax or the last abdominal rings; each dot has a small breathing pore in its center.

"The head is black and shining, and more or less mottled on the face with a dull yellowish color. The neck or first ring has a black band near its hind edge. The second ring has also either a short black band or two black dots. The third ring usually shows two small black dots on its back. On the narrow tip of the body are two black bands, the anterior one having at its end, on each side, a small black dot, and beyond a large black dot, which is the last one of the lower row of dots along the sides. On the next ring forward is a transverse row of six small dots, equidistant, in addition to the two large dots on each side, whereof the upper one is the last of the upper lateral row, and the lower the penultimate one of the lower row. The legs are black, and often along the middle of the body; on the under side, is a row of transverse black spots or clouds, and also a row of small black spots upon each side.

"The beetle or mature insect (Figs. 1, 8, 9, 15), is 0.4 inch long

and 0.25 inch thick, the female being slightly larger; it is of a regular oval form, very convex above and flat beneath, of a hard crustaceous texture, smooth and shining, of a bright straw color, the head and thorax being sometimes tawny yellow, which is the color of the underside; and it is dotted and marked with black. After death its colors often fade, becoming more dull and dark, the head is nearly spherical and little more than half the width of the thorax, into which it is sunk nearly or quite to the eyes. It is sprinkled over with fine punctures, and shows on the front an impressed medial line, and on each side of this a wider shallow indentation. On the crown is a triangular black spot, the nose-piece, or clypeus, occupying the space between the antennæ. It is nearly semi-circular, is placed transversely, and is coarsely and closely punctured. The jaws are coarsely punctured, black at their tips and have a slender black line along their outer edge. The tips of the palpi or feelers are dark brown. The antennæ reach nearly to the base of the thorax, when turned backward; they are gradually thickened towards their tips; are twelve-jointed, the last joint being quite small, conical, and sunk into the apex of the preceding joint; the five first joints are pale yellow or tawny, obovate, the basal one largest, and the third one longer than either of the other three; the remaining joints are black and somewhat globular. The thorax is transverse, twice as broad as long, broadly notched in front for receiving the head, and its hind side convex. Fine punctures are scattered over its surface; these are more numerous and coarser towards the under sides. It is commonly margined all round by a slender black line. In the center are two oblong black spots which diverge forward; back of these is a small black dot which is often wanting; and on each side are about six small spots, one toward the base of an oval form and placed transversely, and two round ones, nearly upon a line forward of this, the three being equidistant from each other, two towards the hind angle placed close together and often united, the inner one of these being the largest of the six, and the sixth one placed half way between the two last and the forward angle. The scutel is dark brown. The wing covers have the sutural edge dark brown, and five equidistant black stripes on each (figs. 1, 13, 15). The first or inner stripe is shortest, and tapers backward as it gradually approaches the suture, terminating in a very long, slender point a considerable space forward of the apex. The two next stripes are broadest and are united at their tips, beyond which they are sometimes prolonged into the end

of the fourth stripe. The outer stripe is the most slender and longest of all, placed on the outer margin, but terminating before it attains the apex. The wing covers are also punctured in rows, extending along the margin of the stripes, the rows being uneven and the middle ones double; the outer interspace is also punctured. Beneath, the sockets of the legs are black, or edged with black, and on the hind breast is a transverse black spot on each side, forward of the insertion of the hind legs, and also a black stripe on the outer margin of the hind breast, outside of which, on the parapbura is a triangular black spot. The abdomen is finely punctured on the disk and base, and has a short black band on the middle of the anterior edge of each segment, except the last, and near the outer margin a row of six black dots. The legs are tawny yellow, with the hips at least of the hind pair black, and also the knees and feet."

The Colorado potato-bug is an insect comparatively new to the northwestern States, but among the Rocky Mountains, according to Mr. Walsh, it has been known to exist for at least forty-five years, feeding upon a wild species of potato peculiar to that region, (*Solanum rostratum*). When civilization marched up to the Rocky Mountains, and potatoes began to be grown in that region, it gradually acquired the habit of feeding upon the cultivated potato. In 1859, spreading eastward, from potato patch to potato patch, it had reached a point 100 miles west of Omaha city; in 1861 it invaded Iowa; in 1864 and 1865 it crossed the Mississippi. Since that time its legions have steadily advanced, at the rate of about sixty miles a year, until it has been heard of this summer at a point in Indiana, about sixty miles east of the longitude of Chicago.

It seems that there is a *true* and a bogus Colorado potato-bug. (Figs. 1 to 21). A good deal of disputation relative to the original habitat of the two species has occurred among entomologists, but it is quite definitely settled that the bogus bug, which very nearly resembles the *true* bug, is a native of this State, feeding on the *Solanum carolinense*, or horse nettle, and the egg plant, but never on the potato plant. An experiment has been tried, to see if the *bogus* bug could be forced to feed on the potato. The bug preferred starvation to the unaccustomed diet. The bogus bug is not known to be poisonous, while a large amount of reliable testimony can be presented to prove that the Colorado bug (*D. 10-lineata*), is one of the most virulent poisons in the animal kingdom.

HISTORY OF THE TRUE COLORADO BUG, AND ALSO OF THE BOGUS BUG.

"Prior to the autumn of 1865, it was generally supposed by economic entomologists, that the true Colorado bug had existed for time immemorial in the northwestern States, feeding upon some worthless weed or other; and that of late years, from some unexplained cause, it had all of a sudden taken to attacking the potato plant. In October, 1865, the editor of *The Entomologist* published a paper, showing that originally its exclusive home was in the Rocky Mountains, where it had been known to exist for at least forty-five years, feeding upon a wild species of potato peculiar to that region (*Solanum rostratum*, Dunal); that when civilization marched up to the Rocky Mountains, and potatoes began to be grown in that region, it gradually acquired the habit of feeding upon the cultivated potato; that in 1859, spreading eastward from potato patch to potato patch, it had reached a point 100 miles to the west of Omaha city, in Nebraska; that in 1861, it invaded Iowa, gradually, in the next three or four years, spreading eastward over that State; that in 1864, and 1865, it crossed the Mississippi, invading Illinois on the western borders of that State, from the eastern borders of north Missouri and Iowa, upon at least five different points on a line of 200 miles; and that in all probability it would in future years 'travel onward to the Atlantic, establishing a permanent colony wherever it goes, and pushing eastward at the rate of about fifty miles a year.'—(*Practical Entomologist, Vol. I, No.* 1). A remarkable peculiarity in the eastern progress of this insect was subsequently pointed out by the same writer, in 1866, namely: That in marching through Illinois in many separate columns, just as Sherman marched to the sea, the southern columns of the grand army lagged far behind the northern columns. (*Ibid. II, p.* 14.)

"Now let us see how the predictions above have been verified. By the autumn of 1866, the Colorado potato-bug, which appears to have invaded the southwest corner of Wisconsin at as early a date as 1862 (*Ibid II, p.* 101), had already occupied and possessed a large part of the cultivated or southern parts of that State; and in Illinois, if we draw a straight line to connect Chicago with St. Louis, nearly all the region that lies to the northwest of that line was overrun by it. It subsequently invaded parts of South Illinois, occurring in Union, Marion, and Effingham counties, in 1868, and already in 1867 it had passed through the eastern borders of north and central Illinois into western Indiana, and the southwest corner of Michigan; and finally,

in 1868, it has reached Danville, Ind., a point which lies nearly in the center of that State, as we learned some time ago from Mr. A. Furnas, of that city; and the agricultural papers have since recorded its appearance in Marion county, which lies in the geographical center of the State. Thus it appears that its average annual progress toward the east has been about sixty two miles. At the same rate of progression, it will touch the Atlantic ocean in 1878.

"But, it will be asked, how could any entomologist make the mistake of supposing that the Colorado potato-bug had always existed in the northwestern States? The answer is, that, as was proved three years ago, in the article already referred to, they inadvertently confounded together two entirely distinct, but very closely allied species, the bogus Colorado potato-bug (*Doryphora juncta*, Germar), and the true Colorado potato-bug (*Doryphora* 10-*lineata*, Say). The former of these has existed in Illinois from time immemorial; and, as we have recently ascertained, through the kindness of Mrs. H. C. Freeman, of Cobden, South Illinois, feeds there in the larva state upon the horse-nettle (*Solanum carolinense*, Linn.), a wild species of potato, which grows, according to Dr. Asa Gray, "from Connecticut to Illinois and southward;"* the latter species, as has been already stated, only emigrated into Illinois in 1864, and in its native home, the Rocky Mountains, feeds naturally upon another wild species of potato, which is quite distinct from the horse-nettle, and is peculiar to the Rocky Mountain region. Again the former species has never yet been known to attack the cultivated potato, and in all likelihood never will do so; for, as it has existed in Illinois for at least fourteen years, and in Georgia for at least forty-four years without ever having been known to attack this plant, which has been growing all that time in those two States, it is not at all probable that it will do so at any future time. The latter species, on the other hand, acquired this habit, as was shown before, in the region of the Rocky Mountains, when for the first time the potato was introduced there, some twenty years ago; and from that region

"* In 1863 Mr. Glover stated that he 'had found an insect similar to the ten-striped spearman (or true Colorado potato-bug) on the common horse-nettle in Georgia.' (Agr. Department Rep., p. 579.) In 1867 he assured us that this insect found by him on the horse-nettle in Georgia, four years before, was the bogus Colorado potato-bug (*D. juncta*), and that 'a Mr. Walter had also found it feeding upon the egg-plant, in Montgomery, Alabama.' We ourselves discovered this same species in Kentucky, in 1864, feeding, in conjunction with its larvæ, upon a plant which we are now satisfied could have been nothing else but the horse-nettle; and in 1868, we have met with it in Missouri in great numbers, feeding upon the same plant, in company with its larvæ; and in one instance the larvæ of both the true and the bogus species appeared in company. Thus it appears to inhabit at least five southerly regions, namely: South Illinois, Missouri, Kentucky, Georgia, and Alabama."

the potato-feeding race of this insect has since been spreading farther and farther every year toward the east. Finally, the bogus Colorado potato-bug is more peculiarly a southern species, occurring in the more southerly portion of Illinois, and in Missouri, Kentucky, Georgia and probably Alabama, while the true Colorado potato-bug is originally an Alpine species, its native home being the canons of the Rocky Mountains,. and it therefore thrives best and spreads fastest in the more northerly regions, such as Nebraska, Iowa, Minnesota, Wisconsin, and north Illinois; while in south Illinois, Missouri and Kansas it neither thrives so well nor spreads so rapidly.

"The question whether the true Colorado potato-bug has existed for an indefinitely long time in the country that lies to the east of the Mississippi River, or whether it is not the bogus Colorado potato-bug, that has there been taken for it, while the true Colorado potato-bug has in reality emigrated into that country from the Rocky Mountain region, within the last four or five years, may seem to some of merely theoretical interest.

"It is, however, of great practical importance. On the first supposition it is not probable that this bitter enemy of the potato will travel onward and onward toward the Atlantic; on the second supposition it will most likely invade Ohio within a year or two, spread like a devouring flame through the great potato growing State of Michigan, and finally pass eastward into Pennsylvania, New York and New England.

"We make no apology, therefore, to our readers for presenting them with the complete history of these two insects, copiously illustrated by figures, and for pointing out the minute but invariable characters which distinguish them, both in the larva and in the perfect beetle state.

"This is the first time that the larva of the bogus Colorado potato-bug has ever been figured and scientifically described; and our readers have to thank Mrs. Freeman for the opportunity of becoming acquainted with the points in which it differs from the larva of the true Colorado potato-bug.

"*Comparative description.*—Figures 1 to 21 illustrate the distinguishing characteristics of the two bugs. Figures 1, 8, 9 and 15 exhibit the true bug, and figures 5 and 10 the bogus bug, each slightly enlarged. Figure 13 shows the left wing-case, enlarged, of the true, and figure 14 the same of the false bug. Figure 11, an enlarged leg of the true bug, and figure 12 the same of the false. On close inspection it will be

perceived that in the true bug (fig. 13) the boundary of each dark stripe on the wing-cases, especially toward the middle, is studded with confused and irregular punctures, partly inside and partly outside the edge of the dark stripe; also, that the third and fourth dark stripes from the outside are united behind; also, that in the leg (fig. 11) both the knees and feet are black. In the bogus bug (fig. 14), on the contrary, the dark stripes on the wing-cases are accurately edged by a single row of punctures placed in a groove (*stria*); also, the *second* and *third*, not the third and fourth, stripes are united behind; also, that the space between the stripes is of a dark brown color, and the leg is entirely pale, except a black spot on the middle of the front of the thigh (figure 12).

"The spots on the thorax on both the bugs are normally eighteen in number, and are arranged in the same very peculiar and complicated form in each.

Habits of the Colorado Potato-Bug.

"The Colorado potato-bug, though it has acquired a prescriptive title to the appellation of 'bug,' is not entomologically speaking, a bug (order *Heteroptera*), but a beetle (order *Coleoptera*). It might perhaps be desirable, if it were possible, to get people to call it a 'potato-beetle;' but as long as we all of us continue to talk every day of 'shipping goods' by a railroad car, as well as by a ship; and as long as everybody, including the almanac makers, writes about 'sunrise' and 'sunset,' while in reality it is the earth, and not the sun, that rises and sets every day, we must be content to smother our partiality for entomological purism, and talk with the vulgar though we think with the wise.

"The wings of this insect, like those of several allied species, are of a bright rose-color, and with its cream-colored body, and the five black stripes upon each wing-case, it presents a beautiful appearance, as it flies abroad in the light of the sun.

"The junior editor of this paper was the first person in the United States to breed this species from the egg to the beetle state, and to ascertain that it required less than a month to pass through all its changes.

"In the *Prairie Farmer* for August, 1863, will be found the full account of the whole process, illustrated by a figure of the larva.

"Subsequently, in 1866, Dr. Shimer added some very interesting particulars bearing upon this subject, in a paper which he published in the *Practical Entomologist* (vol. I, pages 84, 85). There are about

three broods of larvæ every year in North Illinois and Central Missouri, each of which goes under ground to pass into the pupa state, the two first broods coming out of the ground in the beetle state about ten or twelve days afterwards, while the last one stays underground all winter, and only emerges in the beetle state in the following spring, just in time to lay its eggs upon the young potato leaves.

"The eggs (figures 4 and 16), it may be added, are of a yellow color, and are always laid upon the under side of the leaves in patches of twenty or thirty.

"At figures 4 and 16, the eggs of the true bug are shown, and at figures 7 and 18 those of the bogus Colorado potato-bug, which are of a lighter color, are also shown, all of the natural size.

"Unlike many other noxious insects, this larva is not a general feeder, but is confined to plants belonging to the potato family (*Solanaceæ*), and especially to the genus to which the potato belongs (*Solanum*).

"Occasionally it feeds on the tomato, and a few specimens have been noticed by us on the ground-cherry (*Physalis*), and on the imported Jamestown weed, or Jimson weed (*Datura*).

"According to Mr. Terry, of Iowa, it also occurred in that State, several years ago, on the horse-nettle (*Solanum*), upon which plant we have ourselves noticed it in great numbers in Missouri; and it is certainly far more destructive to the egg-plant than even to the potato.

"Now, the egg-plant, the horse-nettle and the potato, all three of them belong to the same genus (*Solanum*) as the wild plant upon which the larva originally fed in the Rocky Mountain region, but the egg-plant and the horse-nettle are botanically more closely related to the last than is the potato; being, like the Rocky Mountain potato, covered with thorny prickles, while the cultivated potato is perfectly smooth.

"On the other hand, the cultivated potato is much more nearly related to the Rocky Mountain species than is the tomato; which last has, by modern botanists, been removed from the genus to which the other two appertain, and placed in a genus by itself.

"It would seem, therefore, that the closer a plant comes to the natural food-plant of the insect, the better the insect likes it.

"It is undoubtedly a most singular and noteworthy fact, that out of two such very closely allied species as the bogus and the true Colorado potato-bugs, feeding respectively in the first instance upon very closely

allied species of wild potato (*Solanum rostratum and Solanum carolinense*), the former should have pertinaciously refused, for about half a century, to acquire a taste for the cultivated potato, with which it was all the time in the closest and most immediate contact, while the latter acquired that taste as soon as ever it was brought into contact with that plant. But, after all, this is not so anomalous and inexplicable as the fact that the apple maggot-fly (*Trypeta pomonella*, Walsh), which exists in Illinois, New York and New England, the larva of which feeds in Illinois upon the native haws, and has never once been noticed to attack the imported apple there, within the last few years has suddenly fallen upon the apple, both in New York and New England, and in many localities has become a more grievous foe to that fruit than even the imported apple-worm (*Carpocapsa pomonella*, Linn).* Thinking that it might be possible, that, although the bogus Colorado potato-bug has for about a half a century refused to feed upon the potato in a state of nature, it might yet be compelled by starvation to feed upon that plant in a state of confinement, we placed two of the larvæ received from Mrs. Freeman, in a vessel along with some potato leaves; but, instead of feeding voraciously upon them, as the larvæ of the true potato-bug would have certainly done, they only nibbled a few small holes in them about the size of a pin's head, and then in a week's time died of starvation.

"This, however, can scarcely be quoted as a decisive experiment, because these larvæ had fasted for about a day before they reached us, owing to the leaves in which they were packed having dried up; and because vegetable-feeding animals cannot stand long fasting as well as flesh-feeding animals do. But even if they had actually fed upon potato leaves quite freely in a state of confinement, it by no means follows that the mother beetle would deposit her eggs upon the potato in a state of nature, and thereby compel her future progeny to feed upon that plant. That she will do so upon her natural food plant, the horse-nettle, we know; and, according to Mr. Walter, of Alabama, she will do so upon the egg-plant, which is thorny like the horse-nettle. But apparently she is naturally indisposed to go one step further, and lay her eggs upon a smooth species of the same botanical genus, namely, the potato.

"We have experimentally ascertained that neither ducks, geese, turkeys, nor barn-door fowls will touch the larvæ of the Colorado potato

"* See on this subject the *First Annual Report on the Noxious Insects of Illinois*, by Benj. D. Walsh, pp. 29, 30, in the *Transactions of the Illinois State Horticultural Society* for 1867."

bug when it is offered to them; and there are numerous authentic cases on record, where persons who have scalded to death quantities of these larvæ, and inhaled the fumes from their bodies, have been taken seriously ill, and even been confined to their beds for many days in consequence. Still, these larvæ are not near so poisonous as the old fashioned blister-beetles, already referred to as infesting the potato; for these last, in large quantities, constitute one of the most virulent poisons known to the medical profession." (*The American Entomologist*, vol. I, pp. 41–45.)

INTELLIGENCE OF THE BUG.

The Colorado potato-bug has, for an insect, a large amount of intelligence. As you approach the potato vines upon which the bugs are feeding, you will observe any number of them lying about as if dead. You may pick one of them up, handle it, turn it about, roll it around as much as you choose, and you will not succeed in obtaining any signs of life; they will remain in this condition for hours; at any rate as long as you remain in their vicinity. This is characteristic of the insect; I have watched them by the hour, in order to see how long they could assume the opossum.

People in the central part of New York may anticipate seeing the unwelcome visitor in 1874, and before that time prepare to meet a scourge.

OTHER POTATO-BUGS.

According to Mr. Walsh and other writers, "there are ten distinct species of bugs preying upon the potato plant within the United States; many of these ten species are confined within certain geographical limits, and the habits and history of several of them, differ as widely as those of the hog and the horse.

"Some, both in the larva state and in the perfect or winged state, attack the potato; others in the perfect or winged state alone; in seven of these ten species, there is but one brood in each year, while in three of the ten, there are from two to three broods hatched each year; each of them generated by females belonging to the preceding brood; eight of the ten feed externally upon the stalk and leaves, while two of them burrow like the borer, exclusively in thelarger stalk.

"Finally, almost every one of these ten species, has its peculiar insect enemies; and a mode of attack which will prove very successful against one, two or three of them, will often turn out to be utterly worthless, when employed against the remainder.

Foes of the Colorado Potato-Bug.

"Persons not familiar with the economy of insects, are continually broaching the idea that, because the Colorado potato-bug is in certain seasons comparatively quite scarce, therefore, it is about to disappear and trouble them no more.

"This is a very fallacious mode of reasoning. There are many insects; for instance, the notorious army worm of the north (*Leucania unipuncta*, Haworth), which only appear in noticeable numbers in particular years, though there are enough of them left over from one year to another, to prevent extermination. There are other insects, for instance the canker worm (*Anisopteryx vernata*, Peck), which ordinarily occur in about the same numbers for a series of years, and then in a particular season and in a particular locality, seem to be all at once swept from off the face of the earth. These phenomena are due to several different causes, but principally to the variation and irregularity in the action of cannibal and parasitic insects.

"We are apt to forget that the system of nature is a very complicated one; parasite preying upon parasite, cannibal upon cannibal, parasite upon cannibal, and cannibal upon parasite, till there are often so many links in the chain that an occasional irregularity becomes almost inevitable. Every collector of insects knows, that scarcely a single season elapses in which several insects, that are ordinarily quite rare, are met with in prodigious abundance; and this remark applies not only to the plant-feeding species, but also to the cannibals and the parasites.

"Now it must be quite evident that if, in a particular season, the enemies of a particular plant-feeder are unusually abundant, the plant-feeder will be greatly diminished in numbers, and will not be able to expand to its ordinary proportions until the check that has hitherto controlled it, is weakened in force. The same rule will hold with the enemies that prey upon the plant-feeder, and also with the enemies that prey upon those enemies, and so on *ad infinitum*.

"The real wonder is, not that there should be occasional irregularities in the numbers of particular species of insects from year to year, but that upon the whole the scheme of creation should be so admirably dove-tailed and fitted together, that tens of thousands of distinct species of animals and plants are able permanently to hold their ground, year after year, upon a tract of land no larger than an ordinary State.

"To afford some practical idea of the number of enemies that often prey upon a single insect, we will now give a brief account, illustrated by figures, of a few of the various cannibal insects that attack the Colorado potato-bug either in the egg, larva, or perfect state. The list might be easily swelled to over a score, but to avoid entering upon a multiplicity of details we shall enumerate only ten (twelve) distinct species. (Figures 22–32, 35–41.)

"Hitherto it has been supposed that there was no parasitic insect whatever that preyed internally upon the larva of the potato-bug; but we have ourselves bred from these larvæ a parasitic two-winged fly (*Tachina* family, fig. 22), the peculiar habit of which is to attach its eggs externally to the body of its living victim; which egg subsequently hatches out, burrows into the body of the infested larva, and eventually destroys it, but not until it has gone underground in the usual way.

"The important and extensive family to which this two-winged fly belongs has hitherto been so little attended to by North American entomologists that we cannot satisfactorily identify it with any of the few described species, and for the same reason we prefer not to name and describe it as a new species.*

"In the egg state the Colorado potato-bug is preyed upon by no less than four distinct species of ladybirds: The spotted ladybird (*Hippodamia maculata*, De Geer, fig. 23); the nine-marked ladybird (*Coccinella 9-notata*, Herbst, fig. 24); the thirteen-dotted ladybird (*Hippodamia 13-punctata*, Linn., fig. 25); and the convergent ladybird (*Hippodamia convergens*, Guer).

"This last species, the three stages of which are represented of the natural size, in figs. 26 (the larva), 27 (the pupa), and 28 (the beetle), is rather a rare insect in North Illinois, though it is common enough in South Illinois and Missouri. Its pupa (fig. 27), which is attached to the leaves of the plant upon which the larva has lived, might be readily mistaken for that of the potato-bug larva.

"The larvæ of all these ladybirds are far more bloodthirsty in their habits than the perfect beetles; and as they all have a strong general resemblance, figures 26 and 29, will give a sufficiently good idea of them all. They run with considerable speed, and may be found in great numbers upon almost all kinds of herbage.

"*Dr. Wm. Le Baron, of Geneva, Illinois, who has made the study of this order a specialty, kindly informs us that this fly belongs to the genus (or sub-genus) *Lydella*, Macquart. He says: 'It is very closely allied to *Tachina* proper, and could properly be united with it did not the great number of species require a division as a matter of necessity.'"

"The larvæ of certain species that prey upon the hop plant-louse in the East are well known to the hop-pickers as 'black niggers' or 'serpents,' and are carefully preserved by them as some of their most efficient friends.

"The eggs of ladybirds greatly resemble those of the Colorado potato-bug, and are scarcely distinguishable except by their smaller size, and by a much smaller number being usually collected together in a single group. As these eggs are often laid in the same situation as those of the potato-feeding insect, care must be taken by persons who undertake to destroy the latter, not to confound those of their best friends with those of their bitterest enemies.

"In the larva state, the Colorado potato-bug is extensively depredated on in Illinois, Missouri, and Iowa, by the spined soldier-bug (*Arma spinosa*, Dallas, figure 30). Thrusting forward his long and stout beak, he sticks it into his victim, and in a short time pumps out all the juices of its body and throws away the empty skin. He belongs to a rather extensive group (*Scutellera* family) of the true bugs (*Heteroptera*), distinguishable from all others by the very large scutel, which in this genus is triangular, and covers nearly half his back. Most of the genera belonging to this group are plant-feeders, but there is a sub-group (*Spissirostres*) to which our cannibal friend belongs, characterized by the robustness of their beaks; and all of these, so far as our experience extends, are cannibals.

"To illustrate to the eye the difference between the beaks of the cannibal sub-group and the plant-feeding sub-groups of this family, figure 31 gives a magnified view of the beak of our insect seen from below, and figure 32 a similarly magnified view of that of a plant feeder belonging to the same family (*Euschistus punctipes*, Say), which is so nearly of the same size, shape, and color, as our cannibal friend, that at first sight many persons would mistake one for the other. The spined soldier-bug, however, may be at once distinguished from all allied bugs, whether plant feeders or cannibals by the opaque brown streak at the transparent and glassy tip of its wing-cases.

"Two years ago we were informed by our ornithological friend, Dr. Velie, that a good observer in Henry county, Ill., had discovered that the large brown squash bug (*Coreus tristis*, De Geer), depredated extensively upon the larva of the Colorado potato-bug. We said at the time that this must be a mistake, because not a single species of this group (*Coreus* family) is known to be cannibal. We can now understand how the mistake arose. No less than five persons in South-

ern Illinois, to whom we showed a specimen of the spined soldier-bug, said at once: 'Why, that is nothing but a squash-bug.' And yet, in the eyes of an entomologist, the squash-bug looks as different from the spined soldier-bug as a cow does from a horse. That our readers may see the wide difference between the two insects, we give by the side of the figure of the spined soldier-bug (fig. 30), a correct drawing of the squash-bug (fig. 33), and of its beak (fig. 34).

"The spined soldier-bug by no means preys exclusively upon potato-bugs. We have caught him in the spring of the year sucking the juices of a wild bee (*Andrena*) half an inch long, and carefully holding it out at arm's length all the time, so as to avoid its sting. He also attacks the green larvæ of the native American gooseberry saw-fly (*Pristiphora grossulariæ*, Walsh), as we learned from a very good observer, Miss Marion Hobart, of Port Byron, Ill. And both Dr. Hull and Mr. Jonathan Huggins saw the little hero with his beak plunged into the body of a full sized locust (*Cicada*), and draining away its life-blood in spite of all its kickings and strugglings.

"We are sorry, however, to be obliged to confess that in Mr. Riehl's potato field, near Alton, a single individual was seen in June, 1868, bayoneting a poor nine-marked ladybird (fig. 24) with his blood-thirsty beak. Perhaps, however, he was, under the circumstances, excusable; for he and his comrades had almost completely cleared the potatoes of the Colorado gentlemen, and he probably concluded that the services of the ladybird were no longer required there. The spined soldier-bug is very common everywhere in Illinois, Iowa and Missouri, but occurs more frequently on trees than on herbaceous plants. We caught eight or nine of them in about half an hour off Dr. Hull's fruit trees with his curculio-catcher.

"Another species of the genus (*arma*, near *modesta*, Dallas), inhabits in the larva and pupa states, the nests of the fall web-worm (*Hyphantria textor*, Harris), and slaughters the defenceless inhabitants without mercy. We have bred it from the larva to the perfect state, feeding it upon caterpillars.

"Another true bug, that has been repeatedly seen by Mr. Riehl, of Alton, preying upon the Colorado larva, is the bordered soldier-bug (*Stiretrus fimbriatus*, Say, fig. 35). Unlike the spined soldier-bug, this species is so conspicuously and prettily marked that it cannot easily be confounded with any other.

"We once met with seven or eight individuals in the web-nest of a small social caterpillar, that occurred on a weed; and we have

seen it more than once with its beak immersed in the body of the larva of the *asterias* butterfly. It belongs to the same sub-group, and has the same short, robust beak as the spined soldier-bug; but, unlike that species, it is by no means common.

"Another true bug, still more elegantly marked than the preceding, the many-banded robber (*Harpactor cinctus*, Fabr, fig. 36), was observed by Dr. Shimer, of Mount Carroll, Ill., to attack the Colorado larvæ, and we have ourselves found it attacking the same larvæ in Missouri the present year. Like the spined soldier-bug, this species is common, and inhabits trees more commonly than herbaceous plants. But it belongs to an entirely different group of the true bugs (*Reduvius* family), all of which, without exception, are cannibals, and are characterized by a very short, robust, curved beak (fig. 37, profile view magnified).

"We have noticed this species to prey upon a great variety of different insects. The above three insects are all of them true bugs, and attack the larvæ of the Colorado potato-bug with the only offensive weapon they have, their beak.

"The four figures, 38 to 41, are all beetles, and are consequently provided with jaws, so that they are able to eat up their victims bodily; and all of them, except the first, which is confined to southerly latitudes, are common throughout the western States. Most, if not all, of them prey indifferently upon the Colorado larva, and the perfect insect produced from it; we shall not dilate upon the habits of each of them, but shall content ourselves with giving figures, by which they may for the future be recognized without much difficulty.

"Figure 38 is the Virginian tiger-beetle (*Tetracha virginica*, Hope). Figure 39 is the fiery ground-beetle (*Calosoma calidum*, Fabr). Figure 40 is the elongate ground-beetle (*Pasimachus elongatus*, Lec); and figure 41 the murky ground-beetle (*Harpalus caliginosus*, Say)." (*The American Entomologist*, vol. I, pp. 45–48).

THE POISONOUS EFFECTS.

The Nature of the Poison.—From what I can learn from the reliable instances of poisoning, I am inclined to look upon the poison as *volatile*, or that it may be volatilized by the action of heat. This is not the case, so far as I know, with the poison of the cantharides, or of any other animal poison.

A writer in the *American Entomologist* (vol. 1., page 45), says: "We have experimentally ascertained that neither ducks, geese, turkeys, or barn-door fowls, will touch the larva of the Colorado bug

when it is offered them, and there are numerous authentic cases of record where persons who have scalded to death quantities of the larvæ, and *inhaled the fumes from their bodies*, have been taken seriously ill, and even confined to their beds for many days in consequence.

Persons have been poisoned by this bug in various ways, namely:

1. By inhaling the fumes from the insects when placed in hot water as just mentioned.

2. By inhaling the fumes from them when the bugs have been placed in pans and subjected to the action of dry heat.

3. From bruising them between the fingers or in the palms of the hands.

The Colorado bug is peculiarly tenacious of life. It will live after being subjected to an amount of heat that would kill most insects. It is this tenacity of life that makes the bug a greater annoyance to the agriculturist, and has obliged him to resort to various severe expedients to destroy them after he has collected them from the plants. From time to time the newspapers have contained cases of poisoning by this insect, but many of the instances were doubtless exaggerations.

One peculiarity, however, was noticed, that in all the cases the ill results occurred from killing the bugs by one of the methods just mentioned.

Another peculiarity is, that the various reports do not mention any such results as *local vesication* from an application of this species.

In both these respects it differs from the cantharis and lytta, or blistering beetles, which blister the surfaces with which they come in contact, and whose emanations do not generally cause constitution disturbances.

Where the Poison Resides.—In the *Cantharis* and *Lytta* and other blistering insects, the poison, doubtless, resides in the *external* portions of the insect, as their mere application without bruising will cause vesication. But the poison of the *D.* 10-*lineata* appears to reside in the fluids of its body, which fluid, when volatilized by heat of a greater or less degree, is absorbed by the system, and results in a general blood poisoning. No experiments have yet been made to ascertain whether general poisoning would result from inserting the liquid portions of the insect into the blood. Perhaps the cases of poisoning from bruising the bug in the hands may have resulted from inoculation, for the hands of hard-working laborers are very apt to be covered with fissures or abrasions.

Its Effects.—It has been already intimated that it is more than probable that this virulent poison acts upon the blood. In this aspect it is probably analogous to the serpent poisons, as well as the results of poisoning by spiders, scorpions and the bee.

Under its influence, the blood becomes disorganized, a septic condition obtains, and inflammation of a low grade, simulating erysipelas, results.

In my investigations relative to this poison, I have had to rely upon the cases which have found their way into print from various sources, as well as the more reliable reports from physicians who have observed cases of poisoning. I have tried to use only those reports which appeared to be authentic and free from exaggeration.

In looking over the cases reported, there seems to be a general similarity in the symptoms and their results. This fact is of value in determining the reliability of a class of cases; for if there were wide differences in alleged effects we might well doubt the whole.

We will first examine a few of the cases of poisoning, selected from the public press; then some cases reported by physicians, together with an interesting and heroic experiment made by a physician on his own person, and finally a *resumé* of the symptoms, arranged in such a manner that we may the more easily examine them in detail.

First Case of Poisoning.—We clip the following from a paper which came under our observation :*

"Two women living near Chaska, Minn., died recently from the effects of poison received while killing potato-bugs. One ate her dinner without washing her hands, after killing the vermin, and died in most terrible agony. The other received venom through sores in her hands, and died immediately.

"A number of cases of poisoning have occurred from the same cause, and all were accompanied with horrible swelling."

Some retribution ought to follow the horribly filthy habit of not washing the hands after crushing bugs, or the still more disgusting act of eating before washing the hands in such cases.

Second case of Poisoning given by Professor Welch.—"A man had been engaged in picking and crushing bugs from potato vines; had a slight abrasion on the wrist; soon the abraded surface began to be painful; swelling ensued; the whole arm became involved; a deep ulcer developed on the wrist, of the character of cancer, red and angry,

* Winona Republican.

with sticking, stinging pains through the whole arm; it afterward assumed the form of a sloughing ulcer, the bones of the wrist being exposed. At the time this report was made the man still lived, but we have seen no further account of the case."

Third Group of Cases.—Near Clarence, Iowa, during the year 1867, when the bug first appeared, the people finding them extremely tenacious of life, resorted to scalding and burning as a means of destruction.

In one instance related to me by a reliable authority, a man collected a large number, nearly a peck, placed them in an iron kettle and poured boiling water on them. The wife and two children stood over the kettle watching the struggles of the bugs. In about half an hour all who inhaled the fumes were attacked with great swelling of the face, red and staring eyes, violent fever, with congestion of the head, vomiting, stupor, and, in the case of one of the children, death. The others recovered after a serious illness, resembling typhoid fever.

Several other notices of death from this cause have appeared in the papers, but they were so vague, and reported with so little exactness of detail, as to be quite worthless for the object of this essay.

The following three cases are from physicians:

Case reported by Dr. Ruben.—"A man picked the bugs from the vines and killed them between the fingers. He did not wash his hand afterward. He was attacked in a few hours with violent fever, bloated face, delirium, eyes protruding, pulse one hundred and twenty-three. These symptoms lasted from nine o'clock in the morning to eleven in the evening, when the whole body began to swell; the hands and feet became cold; the pulse became weak; and irresistible stupor came on with loud rumbling in the abdomen. At two in the morning he awoke and vomited a brown, dirty matter for a quarter of an hour, after which he fell back and expired.

"A post mortem examination revealed a dark and congested spleen, the brain congested, and an uncoagulated state of the blood."

This case bears a great similarity to the bite of the rattlesnake (*Crotalus horridus*), or the lachesis. Dr. N. S. Davis, of this city, in an admirable report made many years ago to the Smithsonian Institution, called attention to the fact that in all the cases of death from the poison of serpents, the blood was in a disorganized and non-coagulable state. I believe the same statement will hold good in regard to the *Doryphora*, 10-*lineata*.

Many physicians compare the results of poisoning by this insect

with that of the various species of cantharides; but it appears to me that the former causes results far more profound and disastrous.

Cases of Poisoning communicated by Dr. Hull, July, 1867.—*Case First.* Was called to attend a person suffering from a sudden attack of poisoning by the Colorado potato-bug. Symptoms were bloatedness of the face and whole body, skin alternately cold, clammy and hot with fever; tongue much coated with a dark brown substance; vomiting of a dark grumous and semi-acrid matter; pain in the bowels in the hypogastric region; intense pain in the rectum; frequent stools of a bloody, slimy nature; stupor, talkative, and at times muttering delirium; was constantly inclined to refer to business transactions; while sleeping, dreams wild and screams as if in great distress; eyes red and congested, very much protruded, pupils enlarged to twice their normal size.

The gastric symptoms were of a most obstinate character. Treatment was fruitless for good, for a long time. This gentleman was poisoned by inhaling the fumes of the bugs while burning them on coals of fire in the open air.

Case Second. In the latter part of the same month as the previous case, I visited a German family, three of whom were attacked quite suddenly while in the field engaged in scalding the bugs as they dropped from the vines, with a dish partly filled with boiling water. Two of the cases were slight and no treatment seemed indicated, they having slight gastric irritation, which immediately disappeared. The case that I refer to as worthy of notice was very marked: the whole body swelled enormously, resembling an attack of general dropsy, though the impression of the fingers when used to press the surface, was not like the impression in dropsical cases; the swelling was a sort of puffiness, and felt like pressing on a rubber sack filled with air. Gastric symptoms are very prominent, a vomiting of dark brown substance, and some diarrhœa; pain over the whole body, *especially* in the region of the spleen, which was apparently much congested. Delirium was among the symptoms most prominent. The face presented a mottled, puffed appearance, eyes red, sight much impaired; great prostration and the general indications of fatal collapse.

Experiment by Dr. C. Ruden, of Joliet, Ill. June 1, 1868.—The experimenter being in a healthy condition, all the functions of the body normal, took five drops of the saturated tincture. Immediately after experienced burning of the throat down the œsophagus, with the stomach ache, accompanied *with* cough; great weakness and heavi-

ness *with* inclination to lie down, irritable temper, weakness increased by talking, fatigued by the slightest exercise in the open air; took five drops in the evening; felt a fainting sensation when walking, with dimness of sight, a sensation of blackness before the eyes, a sensation as if I would fall at every step; pulse one hundred and twenty; sleeplessness until twelve o'clock in the evening; after that, restless sleep, with terrifying dreams. Pulse, one hundred and fifty (?).

June 2.—Took ten drops in morning, of tincture, with no apparent new symptoms, but an aggravation of the symptoms already manifested. In the evening took ten drops more. After this dose, felt great trembling in the extremities; could not guide the pen while endeavoring to write. Violent pain in the bowels in the right side passing downward to the rectum. The pain ceased after an hour. Restlessness without weariness. Pulse, one hundred and twenty.

June 3.—Took fifteen drops of the tincture. Did not experience the same amount of weariness and debility. Violent diarrhœa of a bloody, slimy nature. Eyes inflamed and protruding. Face considerably bloated, giving me the appearance of a confirmed drunkard. Pulse, one hundred and thirty. At three o'clock, afternoon, took fifteen drops tincture. Trembling in right arm and leg as if a galvanic battery were attached to the extremity. Pulse, one hundred and twenty.

June 4.—Took fifteen drops. Coldness of the hands and feet. No appetite, but great thirst. Pain in the bowels increased by eating or drinking. Continued diarrhœa. Retention of urine from morning till night.

June 5.—Took twenty drops of tincture. Violent fever from eight o'clock in the morning to two o'clock in the afternoon. Slight abatement of diarrhœa. Difficult urination. At five o'clock in the afternoon took fifteen drops. Immediately after, voided a large quantity of urine of a dark red color, with a dirty sediment, voided with *considerable pain.*

June 6.—Took twenty drops tincture morning and evening, with no additional symptoms; pulse, seventy-five.

June 7 and 8.—Took same quantity; swelling of the feet, with burning and stinging; a sensation as if full of pins.

June 11 and 12.—Took same as previously. No new symptoms, but a continuation of previous symptoms; craving for something sour; smoking seemed to increase the severity of the symptoms. The diet of the prover, during the experiment, consisted of bread, meat and tea.

Treatment of Poisoning.

If the patient is seen as soon as it is known that the poison has been absorbed by any crack or abrasion, the part should be thoroughly washed with strong soap and water (using the common washing soap), and afterward a solution of bromine should be applied to the poisoned portion. If the violent symptoms of cerebral excitement set in, the bromide of potassium should be given in the usual medicinal doses for a time, when, if the condition does not improve, give lachesis, belladonna, apis, aconite or stramonium, as the case seems to demand Several physicians have found baptisia and lachesis, in alternation, to act beneficially in severe cases.

As a local application to the enormous local swelling which occurs, there is probably nothing better than the extract of hamamelis; a weak solution of spirits of ammonia, or a lotion of aconite, arnica or veratrum viride.

If sudden or alarming prostration sets in resort should be had to ammonia, alcohol in some form, or a preparation of arsenic given internally.

If the acute symptoms subside, and a typhoid or septic condition obtains, the indications are to treat it in the same manner as we would a case of typhoid from any other cause.

In those cases where the fumes have been inhaled, it is probable that the vapor of bromine, of proper strength, inhaled soon after, would act as an efficient antidote.

Dr. Hering's criticism* on Dr. E. M. Hale's paper relative to the volatility of poison, is quite instructive, and I, therefore, incorporate it into this article. He says: "Dr. Hale is perfectly right in calling attention to the great volatility of this poison, but he is mistaken in supposing it the only one among animals. All species of lytta, all cantharides have volatile poisons. The poison of ants (formic acid) is remarkably so; and our honey-bee has produced many symptoms, even fever of a week's duration, from inhaling the ether-like odor of its poison. But our doryphora is decidedly the most violent. Nothing can be compared with it except the Argas of Miana in Persia, and the Coya in the valley Neyba, in Popayan, South America, according to Ulloa's Travels, vol. I., page 343." †

* Journal of Materia Medica, Vol. III, No. 1.

† The author of this essay solicits from physicians and others, reports of cases of poisoning by this insect. Address Dr. E. M. Hale, 194 Clark street, Chicago.

METHODS SUGGESTED FOR THE DESTRUCTION OF THE COLORADO POTATO-BUG.

"It only remains to say something on the most approved method of fighting the Colorado potato-bug. A great deal may be effected by raising your potatoes at a point as remote as possible from any ground where potatoes were raised in the preceding year. A great deal may also be accomplished, where there are no other patches in the immediate neighborhood, by killing every bug found upon the vines in the spring, as fast as they emerge from the ground. By this means the evil is nipped in the bud, and a pretty effectual stop is put to the further propagation of the insect. But if there are potato patches near by, where no attention is paid to destroying the bugs, the bugs will keep perpetually flying in upon you in spite of all you can do. In such a case the old remedy was hand-picking and shaking the vines into a pan.

"It costs much less to dust the vines over, when the dew is on them, with white hellebore powder, which Mr. Graham Lee, of Mercer county, Ill., found to be an effectual remedy, and not to cost over two or three dollars per acre. This is an article which is sold all over the country under various names, as "potato-bug poison," etc. Care, however, should be taken in using it not to allow any of it to get into the eyes or nose, as it is a virulent poison."

In the Journal of Materia Medica, edited by Drs. Constantine Hering and Henry N. Martin, vol. III., No. 1, appears an editorial upon the subject of "Colorado Beetle." The writer mentions a certain machine for crushing the bugs; and he also speaks of "Paris green" as having been employed.* This substance has been used by some farmers in Wisconsin, but the expense is so great that it would be unprofitable to employ it, except when there was a liability to total failure in the potato crop. Since this is not likely ever to occur, in a country covering so great a range as ours does, we may consider the use of "Paris green" as impracticable, even if it were safe, which, as the writer just mentioned, considers wholly improbable. We have then, to this time, found no really serviceable means for the removal and destruction of the common enemy.

* A very ingenious machine has been invented for the purpose of brushing them from the vines and destroying them by crushing. George Liddle, in Galena, Ill., published, as the most successful remedy, after all the common worm-killers had failed, "Paris green," mixed with double the quantity of flour; the plants being powdered with this mixture in the morning while yet moist with dew. To spread a pound of arsenite of copper over an acre in this manner will kill the vermin by the thousand; but our farmers ought to know that inhaling only some of the dust may bring on a long lasting illness (as the green wall-paper has done), and such slow poisonings are not always curable.

"Perhaps as good a mode as any, where the bugs have not been permitted to get too great a start on the vines, would be to introduce among them a number of the spined soldier-bug. By beating forest trees into an inverted umbrella, large numbers of these cannibal bugs may be obtained in a short time, and temporarily deposited in any convenient vessel, along with a quantity of leaves, to prevent them from fighting and destroying one another.

"We have heard from so many sources that both the striped and the ash-gray blister beetles prey not unfrequently upon the larvæ of the Colorado potato-bug, that the fact may now be considered as indisputable. And now that certain potato-bugs have taken to feeding upon other potato-bugs, the American farmer may justly lift up his voice and shout for joy."

It is altogether likely that more or less people will be poisoned by the Colorado bug in its onward march toward the Atlantic. I have witnessed several cases of the poisoning, within the past three years, and can warn against handling the insect with over much freedom.

Dr. Hering proposes as an antidote to their poison, upon purely scientific basis, the use of acetic, citric, or any other vegetable acid, and stramonium. In the article previously mentioned he states:

"The practical question, What is the antidote? is answered by a complete shower of remedies. We would recommend, besides the common earth, the charcoal powder externally. Soap is useless, except for fatty, oily substances. Bromine is dangerous, and is adding only a completely dissimilar poison. We propose the acetic, citric or any other vegetable acid; and, afterwards, stramonium. These we have a right to except to be the truly homœopathic antidotes, according to the really heroic proving of our colleague, Dr. C. Ruden, of Kankakee, Ill. His remarkable symptoms show a great similarity to stramonium; as one of the last symptoms he observed *craving for something sour*. This, and the aggravation from tobacco smoking, are true characteristics of all solanaceæ."

STATEMENT BY DR. C. HERING, OF PHILADELPHIA.

Since homœopathy was discovered by Hahnemann, it has been most successful in all epidemic diseases. The epidemics of scarlet fever of Sydenham, in 1800, the plague-like war-typhus, after the battle of Leipzig, in 1813, the Asiatic cholera, in 1830, and all the later epidemics, like diphtheria, meningitis basilaris or spotted fever, etc., have proved it. During the last war of this country all the

hospitals superintended by homœopathic physicians showed an astonishing difference in our favor. In the latter years a new calamity has commenced its ravages in this country. The Colorado potato-beetle has spread over the western States, and, according to the careful prediction of Walsh, year after year, it has occupied one State after another, surpassing even his calculations, and in the year of the great jubilee of the declaration of independence, it will have destroyed the potato crop in all the middle and northern States, from the far west to the Atlantic shore. Nothing will prevent its extension into the Canadas. All our potatoes will have to come from the southern States, where the beetle has not made any intrusions, very likely on account of some other insects, which destroy its eggs.

Thus far it has been the farmers' and statesman's care, and we, as physicians, have had nothing to do with it. But the Colorado potato-beetle *is one of the most violent poisons in nature.* To handle, pick, or kill the bugs mechanically, or by fire or boiling-water, has, in all cases, not only proved to be injurious, but, in many instances, it has caused long illness; sometimes terminating fatally. As these beetles are beautiful little things, and always appear the first year in small numbers, they may attract attention, be caught and handled by children and others, and become the cause of diseases, even death, without the knowledge of parents or physicians.

Doctor Hale has collected all cases of poisoning, and Dr. Ruden has proved the poison on himself. These few initial steps are sufficient to enable us to look this enemy of human life *in the face and to meet all cases with the proper antidote.* In all cases where the beetles have to be picked from the vines, or brushed off by a machine, the exhalations ought to be counteracted by *charcoal* or *earth.* The collected beetles, crushed or alive, ought to be put into holes in the ground, and covered with slacked lime before putting back the earth. The Paris green is dangerous to those who apply it, and may also injure the soil. All who have to handle the beetle, or come in contact with it accidentally, ought to rub their hands as soon as possible with earth, which is always at hand. They may afterwards wash their hands with water, or not. Earth absorbs all exhalations and removes them mechanically. As in all cases of poisoning, the first step is to destroy the poison itself as far as we can.

The second step is to administer the chemical antidote. This, no doubt, will be, in all cases of poisoning with the Colorado potato-beetle, *vinegar, or any other vegetable acid.*

The third step (what we have been in the habit of calling the *dynamical antidote*) is the proper remedy, in small doses, or potencies. This, no doubt, is, in such cases, principally *stramonium*. Very few cases will require anything more, and this cannot be foretold. All cases in which the constitution is shattered, symptoms may be left, according to the individuality of the patient. Such symptoms are always a sufficient indication for the proper remedy. It may be phosphorus or arsenicum, silicea or calcarea, sulphur or lycopodium, even bryonia or veratrum. The remedy is easily found by careful search according to our laws.

It is very desirable that more provings should be instituted, especially provings with the higher potencies; provings not broken off too hastily, but where the observation of the very last symptoms, the longest lasting effects, are carefully collected. Such symptoms are the most useful, not only generally, but more particularly in the sequelæ of poisoning.

Explanation of Figures.

Figures 1 *to* 21 *are representations of the True and Bogus Colorado Potato-Bug.*

Fig. 1 and 15. True Colorado Potato-Bug, slightly enlarged.
2 and 20. Pupa of the True Colorado Potato-Bug, slightly enlarged.
3 and 19. Larva of the True Colorado Potato-Bug, slightly enlarged.
4 and 16. Eggs of the True Colorado Potato-Bug, slightly enlarged.
5 and 10. Bogus Colorado Potato-Bug, slightly enlarged.
6 and 21. Larva of the Bogus Colorado Potato-Bug, slightly enlarged.
7 and 18. Eggs of the Bogus Colorado Potato-Bug, slightly enlarged.
8 and 15. Dorsal view of True Colorado Potato-Bug, slightly enlarged.
9. Lateral view of True Colorado Potato-Bug, slightly enlarged.
10 and 5. Dorsal view of Bogus Colorado Potato-Bug, slightly enlarged.
11. Leg of the True Colorado Potato-Bug, enlarged.

Fig. 12. Leg of the Bogus Colorado Potato-Bug, enlarged.
13. Left wing-case of the True Bug, enlarged.
14. Left wing-case of the Bogus Bug, enlarged.
15 and 1. True Colorado Potato-Bug, enlarged.
16 and 4. Eggs of True Colorado Potato-Bug, slightly enlarged.
17. Antenna of True Colorado Potato-Bug, enlarged.
18 and 7. Eggs of the Bogus Bug.
19 and 3. Larva of the True Bug.
20 and 2. Pupa of the True Bug.
21 and 6. Larva of the Bogus Bug.

Figures 22 to 41 are representations of the Enemies of the True Colorado Potato-Bug.

Fig. 22. Parasitic Fly (*Lydella*, ——?).
23. Spotted Ladybird (*Hippodamia maculata*, De Geer).
24. Nine-spotted Ladybird (*Cocinnella 9-notata*, Herbst).
25. Thirteen dotted Ladybird (*Hippodamia 13-punctata*, Linn).
26. Larva of the Convergent Ladybird (*Hippodamia convergens*, Guer).
27. Pupa of the Convergent Ladybird (*Hippodamia convergens*, Guer).
28. Imago of the Convergent Ladybird (*Hippodamia convergens*, Guer).
29. Larva of Ladybird.
30. Spined Soldier-bug (*Arma spinosa*, Dallas).
31. Beak of Spined Soldier-bug.
32. Beak of a plant-feeding-bug (*Euschistus punctipes*, Say).
33. Squash-bug (*Coreus tristis*, De Geer).
34. Beak of Squash-bug.
35. Bordered Soldier-bug (*Stiretrus fimbriatus*, Say).
36. Many-banded Robber (*Harpactor cinctus*, Fabr.).
37. Beak of the Many-banded Robber.
38. Virginian Tiger-beetle (*Tetracha virginica*, Hope).
39. Fiery Ground-beetle (*Calosoma calidum*, Fabr.).
40. Elongate Ground-beetle (*Pasimachus elongatus*, Lec.).
41. Murky Ground-beetle (*Harpalus caliginosus*, Say).

The true Colorado Potato Bug.

The bogus Colorado Potato Bug

Fig 8

Fig 9

Fig 10

Fig 11

Fig 12

Fig 13.

Fig 14

Fig 15

Fig 16.

Fig 17

Fig 18

Fig 19.

Fig 20.

Fig 21.

Weed, Parsons & Co. Albany N.Y.

Fig. 22.

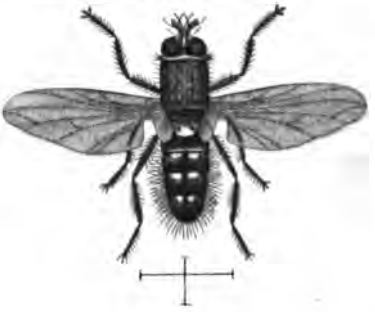


Fig. 23

Fig. 24.

Fig. 25.

Fig. 26.

Fig. 27.

Fig. 28.

Fig. 29.

Fig. 30.

Fig. 31

Fig. 32

Fig. 33.

Fig. 34.

Lith. of Wood, Parsons & Co.

Fig. 35

Fig. 36

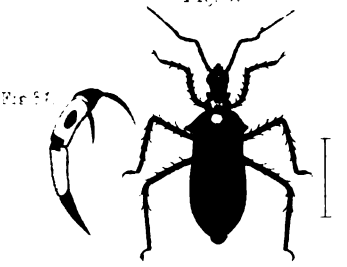


Fig. 37

Fig. 38

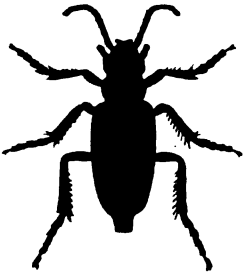


Fig. 39

Fig. 40.

Fig. 41.

Lith. of Weed Parsons & Co

ARTICLE VII.

Strangulated Umbilical Hernia during Pregnancy. Mortification and Removal of fifty-eight inches of Intestine. Recovery. By G. D. Beebe, M. D., Chicago, Illinois.

July 10, 1869, I was called to see Mrs. J. B. Childs, of Lee county, Ill., who was temporarily in our city for a visit, and while at the house of a friend, was taken with most violent pain in an umbilical hernia, which had existed since a severe labor seven years previously. I found the patient of dark complexion, stout built, aged about forty. No evacuation of the bowels had occurred for a week. The violent pain had begun three days before, soon followed by vomiting, which during the last twelve hours had been stercoraceous, with frequent disposition to singultus. On examination a large tumor was found at the umbilicus, the thin integumentary coverings of which were greatly discolored, and were on the point of yielding to the pressure of a considerable quantity of fluid therein contained.

The absence of the menses for four successive periods, gave strong suspicions of pregnancy.* The skin and pulse did not indicate any marked peritoneal inflammation, but there had evidently been an unwarrantable delay already in applying proper treatment. Without delay the integuments were carefully incised, and two or three ounces of bloody serum escaped. The blackened intestine was now visible at the opening, and with a grooved director the hernial sac was freely laid open, when I was startled to find so much of the intestine extruded, and the entire mass not only black with discoloration, but at points so far disintegrating as to allow the contents to escape. (Fig. 1.)

The situation was novel, and so far as I could then recall to memory, without precedent; but a moment's reflection satisfied me that the patient's chances for life, lay in removing the devitalized tissue, and pursuing such further steps as would subject her to the least hazard possible under the circumstances.

I can strongly commend the use of Lembert's suture in all cases admitting immediate union of the cut extremities of intestine, but in this case the extent of intestine to be removed seemed to suggest

* The patient quickened during the week following the operation for closing the artificial anus.

greater hazard in attempting to join the divided ends of the gut by suture than in establishing an artificial anus and effecting a cure of this artificial opening as soon as the immediate danger from the first operation had passed. I therefore determined upon the latter course, and, with the assistance of two or three of my medical colleagues whom I could hastily summon, the gut was traced to the hernial ring, and finding sound tissue there, divided. With a pair of scissors the intestine was cut away from the mesentery throughout its extent until sound intestine was found at the opposite side, where it was again divided, and the sound extremity secured like the former. The mesenteric vessels which were very numerous as may be inferred, gave rise to a pretty smart hemorrhage at first, but were closed by torsion and the application of ice, until all bleeding had ceased, when the hernia knife was brought to bear on the ring, and this was sufficiently enlarged.

Making sure that the bleeding did not recur on the removal of the pressure which had been maintained by the ring, the parts were returned within the abdomen, leaving the two divided ends of intestine protruding from the abdomen, and lying side by side, where they were secured to the integumentary margin by silver sutures in such manner as to form an artificial anus. During all this procedure the patient was quietly sleeping under the influence of chloroform, and I might here add, that, having thoroughly tested sulphuric ether, ether and chloroform mixed, and the more recently discovered bichloride of methylene, I have no hesitation in saying that Squibb's purified chloroform is, in my opinion, the most desirable anæsthetic known, both as regards efficiency and safety of administration.

During the twelve hours following this operation, the cathartics which had been freely administered by my predecessor in the case were being poured out at the artificial anus, and there was a little disposition to singultus, with some vomiting.

Aconite and arsenicum were administered in anticipation of peritoneal inflammation, and as corrective of the gastric irritation present. I cannot too strongly condemn the too prevalent habit of administering opiates to narcosis after surgical operations, believing that they disturb the reparative processes upon which the surgeon so largely depends, and that we have in the higher attenuations of coffea and arnica efficient remedies for the post-operative hyperæsthesia which is sometimes present. During the day following the operation the pulse rose to one hundred and twenty, and there was considerable

tenderness of the abdomen, but no tympanites. After the lapse of forty-eight hours this irritation began to subside, the pulse dropped below ninety, and I soon had the satisfaction to note the return of a relish for food and of comfortable sleep. It was found necessary to exercise great care in dieting the patient, since the discharge at the artificial anus being altogether fluid, varied greatly with changes in diet; potato and some other articles of food causing so keen an acridity as quickly to destroy the cuticle with which it came in contact. Beef tea, prepared by the following formula, was made the standard article of diet in this case, the muriatic acid greatly promoting digestion and assimilation: Lean beef, cut fine, one-half pound; cold water, twelve ounces; table salt, one teaspoon; pure muriatic acid, four drops. Stand aside, in a covered dish, two hours; then strain, and pass the liquid through what remains on the strainer, and serve cold.

This preparation, always well borne by the most sensitive stomachs, seemed particularly suited to this case, and the deviations from this were more by way of experiment to test the digestive powers of the stomach and duodenum.

A fine field was here presented for the physiologist to note the complete or partial digestion of different aliments by the stomach and duodenum with the upper portion of the jejunum; but upon this field we cannot now enter.

An examination of the intestine removed (figure 2) showed it to be fully four feet ten inches in length, and to belong to the jejunum.

Upon the subsidence of the inflammatory symptoms, and the re-establishment of the digestive functions, the determination was announced to operate immediately for the relief of the artificial anus. Here it was found necessary to depart from the line of established precedent, and there were not wanting those in the profession who, with the authors, thought this operation should have been delayed for several months, at least, but there seemed no sufficient reason for delay, and as soon as the proper instruments could be made, from drawings, I was ready to proceed. A few days delay was asked by the husband of the patient on account of his business, and then, on July 31st, the patient being fully anæsthetized, the extremities of the gut were explored to determine their course on entering the abdomen, the presence of adhesions and the relations of other viscera; a clamp four and one-half inches

in length (fig. 3), the blades of which were oval, three-fourths of inch wide by one inch and one-fourth in length, and fenestrated so to leave serrated jaws one-eighth of an inch wide, was then introduc One blade being passed into each protruding end of intestine u fully within the abdomen (fig. 4), the two blades were locked by me of the hinge joint in the outer end of the handles, and the set sc was introduced. Great care was exercised that only the interven walls of these intestines should be embraced by the clamp, and blades were then approximated by the set screw in the handles u slight pain was occasioned. Instructions were given that if nausea vomiting occurred the clamp should be slightly loosened, otherwis should be very gradually tightened during the next two days; object of this pressure being to cause a degree of adhesive inflam tion sufficient to unite these intestines. When, on the third day presumption being that this had occurred, firm pressure was appl by the clamp for the purpose of destroying the parts between blades, and thus make an opening from one intestine through into other. To make this the more effectual a free incision was made w a gum lancet through the fenestral opening in the blades of clamp.

On the fourth day the clamp was gradually loosened and wi drawn, while a firm compress was applied over the artificial an The lower bowels, including the ileum, colon and rectum, which h been entirely inactive for four weeks, now began to exhibit activi and from this time the regular daily evacuations of the bow occurred by the rectum, of a character as entirely normal as th which had characterized her former condition of health. Indeed, former habit of constipation seemed to have been wholly remove A digital examination of the point at which the clamp was appli revealed the smooth, rounded edges of the opening produced by t instrument, and it now only remained to close the integumentar opening of the artificial anus, which was done August 6th, by deep set quilled sutures of silver wire (fig. 5), and the patient returned her home in the central part of the State, leaving my cabinet enrich by a pathological specimen which is as highly prized as it is rare.

This case is perhaps without parallel in the records of surgery, regards the amount of intestine lost, and the immediate relief afford from the artificial anus.

A case is recorded by Cheselden,* something like two hundred yea

* Turner's Surgery, London, A. D. 1734; vol. II, p. 483.

Fig. 1.

The Hernial Sac laid open, exposing the Gangrenous Intestine.

Fig. 2.

The Portion of Intestine removed. Photographed from the wet Preparation in Dr. Beebe's Cabinet.

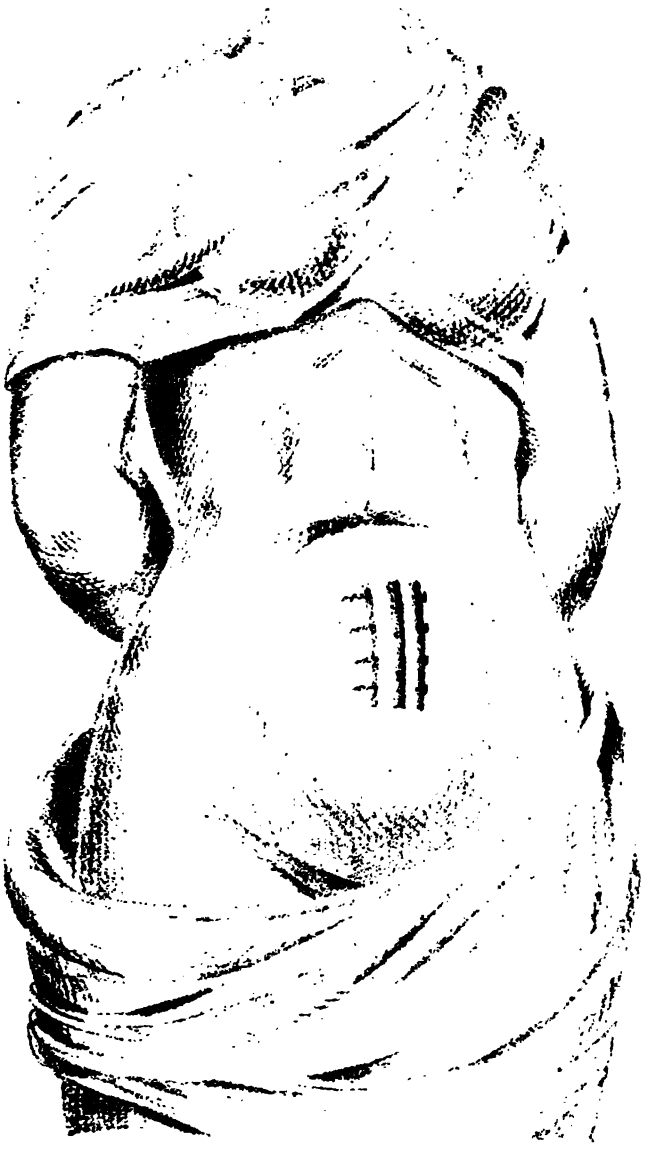
Fig. 3.

The Clamp. (Full size.)

Fig. 4

Sectional View, shewing the Clamp applied.

Fig. 5.



The artificial opening, closed by quilled Satures of Silver Wire.

ago, "Where a Woman labouring under the Exomphalis, the Part Mortify'd, and the Gut thrust out twenty-six Inches and a half, being also perished, he cut off; after which, as the Ulcer healed, the End of the Gut hanging out thereat, made a kind of anus, through which her excrement comes out."

Here nature did much, while the surgeon apparently did very little, and no attempt appears to have been made to relieve or close the artificial anus.

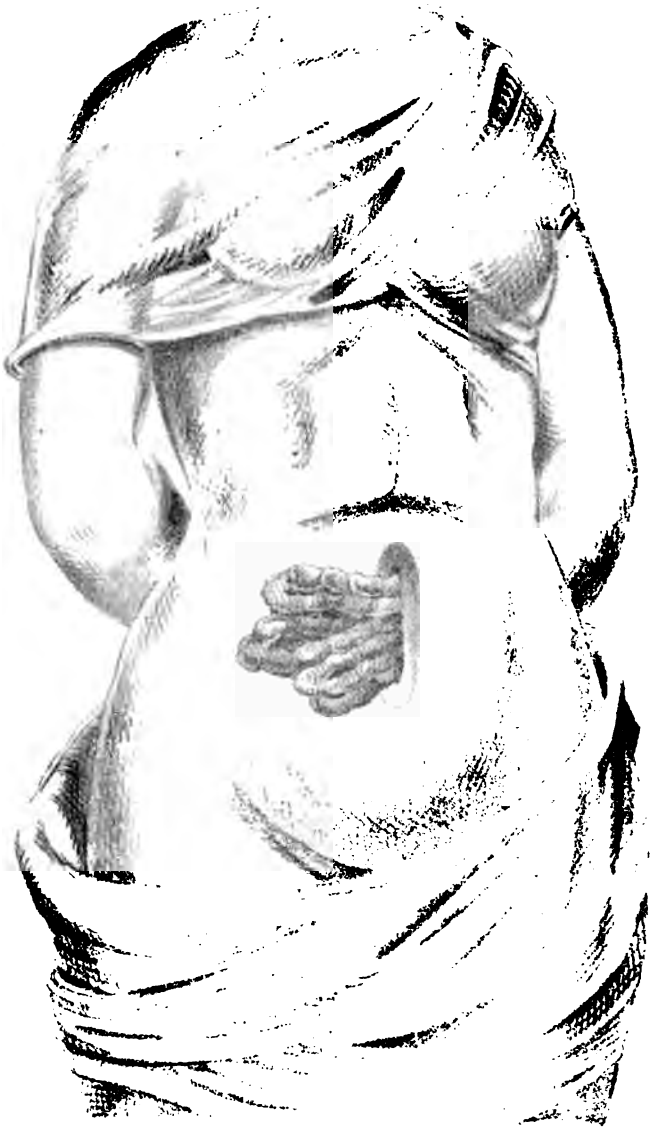
The case of Mrs. Childs is remarkably full of interest, as showing how much of the alimentary canal may be lost without fatal consequences not only, but without even disturbing the time or character of the fœcal evacuations, or interfering with the process or gestation. It is of interest, too, as bearing upon the subject of artificial anus, since it demonstrates, as far as one case may, that when it becomes necessary to establish an artificial outlet, such outlet may be safely closed after the lapse of a very few days; and he who has been an observer of the loathsome inconvenience as well as physical suffering of an artificial anus so high up as the jejunum, can readily appreciate the importance of avoiding the tedious delay of several months, which has been heretofore enjoined.

It remains for the patient to complete her term of pregnancy, and be delivered in December, an event of more than usual interest under existing circumstances.

It is no less amazing than gratifying to witness the happy effects of homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations; and seldom have those effects been more happy in my hands than in the present case, where the late stage at which the case came under proper treatment as indicated by the hiccough and prostration, the extensive cut surface of mesentery returned within the abdomen, and the brevity of the viscera available for digestion and assimilation all united to make the prognosis unfavorable.

From no other source can the surgeon derive that confidence in the use of the knife in extreme cases which comes from a knowledge of the resources of the homœopathic materia medica.

Fig. 1.



The Hernial Sac laid open, exposing the Gangrenous Intestine.

Fig. 2.

The Portion of Intestine removed. Photographed from the wet Preparation in Dr. Beebe's Cabinet.

Fig. 3.

The Clamp. (Full size.)

Sectional View, shewing the Clamp applied.

Fig. 5.

The artificial opening, closed by quilled Satures of Silver Wire.

it is impossible to conceive of its being confounded with any oth disease. It may possibly be confounded with paralysis of the musc lar sense, but the distinction, as drawn by Niemier, is very plain. I ataxy the inability to co-ordinate always exists, but is greater wh the patient cannot watch his movements; while in the latter affecti the inability to control muscular movement exists *only* in the dark when the eyes are closed.

Prognosis.—I believe that up to this time there is not a single w authenticated case of cure of this disease in the annals of allopath practice; and, indeed, the prognosis is not favorable under any c cumstances. A cure, however, is not to be entirely despaired of; an under the specific adaptation of remedies afforded by homœopath much better results than have yet obtained, may be looked for, wh the disease is better known to our school, and remedies sought f under the principle, *similia, similibus curantur.* A German writ Eisenmann, who has devoted much time to the study of this singul disease, is of the opinion that it is at first essentially *functional*;* an if this be true, it will be conceded that the prospect of a cure bei effected in the early stages is not hopeless; while Messrs. Charcot an Vulpian† have found "nervous fibres in the process of reparation, i the cord of a man who had died of ataxy;" showing that even in th later stages a cure is possible. The recuperative power of nature, th *vis medicatrix naturæ*, is wonderfully potential, and, favorably influ enced, effects surprising results; and the curative power of drug administered in accordance with the beneficent law promulgated b Hahnemann, are known by its votaries to be health-giving and life giving in many cases in which, under other methods of treatment, death would be the only prospect of relief from suffering.

Treatment.—The treatment of progressive locomotor ataxy, in the allopathic school, has been and is fully in accord with the well known principles, or want of principles, pertaining to that vacillating system of medication. Drugs have been used, unduly lauded, and condemned as useless; to be followed by another series destined to undergo the same three-fold conditions. The drug most highly spoken of in this school is *nitrate of silver;* first employed in this disease by Professor Wunderlich, of Leipzig; who claimed that he produced considerable improvement in many cases. There appears to be a

* *Functional* disease is undoubtedly organic lesion (molecular), but of a nature so minute as to be, at present, indistinguishable by any known method or means of observation.

† Quoted by Althaus, *op. cit.*, p. 190.

very great degree of homœopathicity to the disease in this medicine, as will be observed on consulting its pathogenesis; but it was given by Wunderlich and his followers in such ponderous doses as to produce, in many cases, serious evil results; and in no instance can it be claimed that the full curative action was obtained.

The general strength should be sustained by plain, but nourishing diet; exercise should be moderate; and the mind and body should be kept, if possible, in a condition of tranquility.

The *douche* may be of great service, if judiciously resorted to; and it is related that four cases were decidedly benefited by *calisthenics*.

Galvanization and *Faradization* have been commended, but appear to have been of but slight utility; in fact, electricity, in any form, does not seem to exert a beneficial effect, except in mitigating the severity of the pains.

In regard of remedies that may be homœopathic to this disease, it is needless that I should enter into an enumeration. The *class* of remedies most likely to be called for will address itself to the mind of every practitioner; and it is to be borne in mind, at the same time, that each case presenting is an individual case, and the remedy is to be selected in accordance with the total exhibit of disorder. Beside the remedies bearing specially on the pathological condition, various intercurrents may be called for to allay troublesome symptoms or conditions that may arise, and, by this latter procedure, the comfort of the patient may be greatly augmented, and the prospect of cure increased.

I shall, however, mention some medicines that appear to be well suited for this malady, and give a detail of several interesting illustrative cases, occurring either in my own practice or in that of my friends, and which have come under my observation.

Case I.

Geo. H., *æt* 47; married, and the father of five children; of nervous and bilious temperament; tall and spare; and commonly enjoying good health; came to my office in January, 1867, complaining of deranged vision and vertigo. The symptoms were of a nature indicating belladonna, and that remedy, in the thirtieth potency, was prescribed; a dose every other night. At the end of two weeks thereafter, I learned that he was entirely relieved.

While visiting, professionally, in his family, in October, 1867, his wife informed me that he was suffering greatly from vertigo, and

complained constantly of being tired, and wished me to leave some medicine for him. This I declined doing, and directed that he should call at my office. He visited me October 14th, and I then noted the following symptoms: Great disposition to sleep at any time during the day; sleeps heavily at night, and is not refreshed in the morning; feels, at all times, irritable and impatient, and cannot brook the slightest contradiction; is unable to think; his mind wanders from whatever he tries to think about; head feels heavy and dull, as if the brain were made of lead, this seeming to alternate with a sensation of lightness of the head, which is accompanied with giddiness and disposition to stagger; eyelids feel heavy, and he sometimes finds it almost impossible to keep them open; *asthenopia*, and occasionally *strabismus;* sexual organs flaccid and weak, with a decided diminution of sexual desire; involuntary emissions of semen, at night, without dreams; occasional sharp, cutting pains in the lower limbs, darting upwards from the knees through the whole length of the thighs; bowels constipated, but apparently not more than usual; urine rather scanty, and depositing a pinkish, sandy sediment.

He complained of becoming tired very easily, in fact of feeling tired all the time. The least exertion had become irksome. He also complained that while in the dark he had great difficulty in walking, and had to "feel his way like a blind man;" and that he did not seem able to put his feet down just as he wished to do.

These last complaints at once directed my attention to the disease under consideration; accounts of which I had but a short time before been reading. I then directed him to close his eyes and walk, when I observed that the few steps he was able to take were very hesitating and uncertain, and not at all in a right line. On drawing his feet close together he had geat difficulty in maintaining his balance. He also complained of tingling in the lower limbs; and I found that the skin covering the calf was not so sensitive to pinching or pricking as in health.

He was a cordwainer by trade, but did not work. He was, however, greatly harrassed by the vagaries of a number of drinking journeymen in his employ. He was a strict teetotaller, used tobacco moderately, and claimed that he had not indulged excessively in sexual intercourse. As he left my house I watched him until he passed out of sight, observing the inequalities of gait, the disposition to alternately shuffle along and to step high, and his evident desire to watch his feet.

The next day, October 15th, I sent him gelseminum,[3] a dose to be taken every night, and ordered the cold douche to be used every other day. At the end of a week he reported no improvement. He then got gelseminum[6] in water, a dose three times a day. At the end of the second week there was still no improvement, when gelseminum[3c] was prescribed, a single dose, with six powders of *sac. lac.* At the end of the third week he came to me greatly disheartened, and said he felt worse rather than better. I then gave him six powders of *sac. lac.* well saturated with tincture of gelseminum, a powder to be taken every night before retiring. The douche was continued, as before.

November 12th. He called this day and stated that he felt better in every respect; the dullness and heaviness of the head were much less; he was not so drowsy; had had but one involuntary emission of semen since taking the last medicine; his eyes were much stronger; his vertigo less, and he thought he could walk better. At this visit similar powders were given, to last two weeks, at the end of which period he returned and reported a marked general improvement; which was, indeed, visible in his countenance and bearing. These happy results continued, and early in April, 1868, I dismissed him, cured. He had then been taking, for a period of six weeks, unmedicated powders of *sac. lac.*

I do not claim this as a genuine cure of a case of progressive locomotor ataxy, as, fortunately for the patient, it was not permitted to me to verify diagnosis by an examination of the cord; but it well illustrates the action of that valuable agent, gelseminum, in the ataxic condition, and its concomitants.

Case II.

July 15th, 1868. A man called at the Homœopathic Medical College of Pennsylvania, during my attendance at the clinic, and desired service for a patient who had just been discharged from the Pennsylvania Hospital. From his description of his friend's condition, I was satisfied that it was a case of progressive ataxy, and being desirous of holding the case, I sent two advanced medical students, Messrs. R. C. Smith and S. E. Allen (since then graduates and practitioners), to take charge of the case, calling their attention to gelseminum, as a possible remedy. The following is a transcript from the notes taken by these gentlemen:

"Thomas G. McGloughlin, *æt.* forty; by trade a machinist; of

strong frame; swarthy complexion; black hair; nervo-bilious temperament; married; has chewed tobacco in excess, swallowing the juice; has indulged in sexual excesses; had always had pretty good health until November, 1866, at which time he found himself troubled with double vision. A few days after this he experienced numbness in the ends of his fingers, which gradually extended over his whole body. In about one week after, he had an attack of typhoid fever, through which he was attended by Dr. Hibbler (allopathist), of Bellefonte. As soon as the fever left him his abdomen swelled considerably, and felt very numb. He came to Philadelphia, September 18th, 1867, and was admitted to Pennsylvania Hospital May 7th, 1868, from which he was discharged, as an incurable, July 13th, 1868. Complains of weight in the head; fulness; continual pressing outwards over the eyes; vertigo, worse while standing, much better while sitting or lying; no acute pains; stomach feels as though a clamp or vise were drawing it together; appetite good; bowels regular; urine of a dark, reddish-brown color; feels very weak in the lumbar region, and is unable to stand longer than a few minutes at a time; he can, with some difficulty, take a few steps. He feels as though he weighed but a few pounds when standing; while standing or attempting to walk, he dare not close his eyes for fear of falling, or to raise his hands above his head, or kick out with his feet, for the same reason; his knees feel as if clasped in a vise; feet are swollen; all the symptoms are worse in the evening; he is very sensitive to pain, even to the slight prick of a pin.

"Left gelseminum ^{1m}, two powders, each of which is to be dissolved in four ounces of water, a teaspoonful to be taken thrice daily.

"July 23d. While standing now he dare close his eyes, or raise his hands above his head; he can, also, draw his feet together better and stand more erect than at the last visit, and he walks more steadily; complains of numbness at the base of the sacrum; appetite good; bowels regular; all symptoms improving. Gelseminum ^{1m}, as before."

I called to see this patient August 6th, and found that no improvement had followed the last prescription. He declared himself to be as at the time it was made, or, perhaps, not quite so well. I found that he had great muscular force, but was unable to control or direct it. His movements were vigorous, but uneven; and it was necessary for him to see his feet if he attempted to walk without his cane. He told me that when standing he felt himself down to his thighs, but from that part downward he was not aware, so far as his sensations

were concerned, whether he had legs or not; he could not tell exactly in what position his legs were, without seeing them, and stated that they felt numb and tingled. He was a man of more than ordinary intelligence, and then engaged in perfecting an invention of his own which was intended to overcome the inertia of passenger railway cars. In making his model for the patent office he often had difficulty in picking the small screws he needed from the table, and said that the sharp edge of the thread of the screws, made simply a small impression on his fore finger and thumb. I ordered nutritious food to be given; slight exercise to be taken daily; the douche to be used; and administered gelseminum,[30] in water, thrice daily.

At the end of a week I called, and found him not improved, at which time I left five drops of the tincture of gelseminum, in water, a teaspoonful to be taken every three hours.

August 22d. I found him greatly improved in every respect, and correspondingly cheerful; he complains greatly, however, of numbness and tingling, for which a single powder of aconite[3] was given, to be taken that night, and the gelseminum to be continued as before, commencing with the next day.

August 30th. Found my patient about as at the last visit, excepting that the tingling and numbness had notably decreased. Gelseminum, as before.

September 8th. Not improved since the last visit; marked constipation, which has been increasing during the past three weeks, as if from torpor or paralysis of the rectum. Gave zincum met.,[30] in water.

September 16th. The zinc has removed the torpidity of the rectum, and his bowels are regular; his other symptoms are evidently increased; the ataxic condition is more marked; the sense of numbness, heaviness and constriction of the lower limbs increased; on rising from a recumbent posture he is almost always attacked with nausea and vertigo; has lost his cheerfulness and sits as if wrapped in deep and melancholy thoughts, despairing of his restoration to health. I gave, at this visit, cocculus indicus,[6] in water, a teaspoonful thrice daily.

September 24th. He is somewhat improved, so far as subjective symptoms are concerned, and is more cheerful; but the disease remains unchanged. Continued cocculus[6].

October 3d. Not any better. Gave cocculus, tincture.

October 11th. Not any better. Gave cocculus, [1c] two doses, to be taken at intervals of four days.

At this time the college session commenced, and I found it impossible to visit the man again in consequence of my time being so greatly taken in lecturing. He passed from my notice, and I had not heard from him until within a few days (July 1st, 1869), when I learned that his disease was slowly progressing toward the fatal end.

Gelseminum and coeculus are, in my mind, of great value in almost all forms of disease of the nervous organism. The almost miraculous results from the use of cocculus in many varieties of paralysis, need not be recounted; and gelseminum gives promise of being almost as useful in the treatment of these derangements. This may not be strictly in accord with opinions already pronounced from high authorities, but will be, I think, corroborated by many practitioners. The well known and powerful action of gelseminum on the muscular system, is unquestionably exerted primarily through the nervous system.

In regard of the action of cocculus, I am permitted to publish the following account of a case occurring in the practice of my friend, Dr. C. J. Wiltbank, of Philadelphia, and to whom I recommended that remedy on being consulted.

"2109 WEST DE LANCY PLACE,
PHILADELPHIA, *5th mo.*, 12*th*, 1869.

Prof. ROBT. J. MCCLATCHEY:

Dear Doctor—According to promise, I herewith send you the symptoms of my patient, Miss K——, with treatment. I was called to the case 1st mo. 8th, 1869. Found her to be a little over twenty years of age; light hair and blue eyes; inclined to be stout. From sixteen to eighteen she led an active and rather *fast* life, and from eighteen to nineteen worked seven or eight hours a day, on a sewing machine.

She was very despondent, with an uneven temper; sleepless at night, with considerable drowsiness during the day; complained of black spots hovering before the eyes; the pupils were dilated; blue semicircles under the eyes; face alternately red and pale; profuse secretion of saliva, which ran out of her mouth when talking or asleep; much thirst at times; very disagreeable taste in the mouth, generally in the afternoon; bitter and sour eructations in the morning, on rising; soft, yellowish stool, with considerable itching of the anus afterwards; frequent desire to urinate, passing but little at a time, the urine being of a light color; had not menstruated for over two years, and, at times, had considerable leucorrhœa;

pain in the lumbar region; arms, legs, hands, and feet much swollen and feel bruised; cramps in the hands and feet, with drawing pains in the fingers, and a feeling of numbness, at times extending over the entire body, but mostly confined to the lower extremities; can walk or stand readily, with her eyes open; but on closing them, even to wink, or when in the dark, she falls at once, or is compelled to stand perfectly still; she cannot tell me what position she is in when her eyes are closed, or whether I pinch her leg or not. She had been under old school treatment an entire year prior to her calling on me.

Treatment.—1st mo., 8th and 13th. Prescribed nux vomica [3], and was no better.

1st mo., 17th. Prescribed cocculus indicus [3].

1st mo., 22. Prescribed saccharrum lactis, being better.

2d mo., 1st, 7th, 12th, and 17th. Prescribed saccharrum lactis, improvement continuing.

2d mo., 23d. Prescribed cocculus [3], not being so well.

3d mo., 2d, 5th, 9th, and 14th. Prescribed saccharrum lactis, being very much better.

3d mo., 18th. Prescribed saccharrum lactis, no symptoms remaining.

3d mo., 21st. Discharged entirely cured.*

The quantity of nux vomica taken was ten powders; this drug being administered simply because she had been so long under old school treatment. Prescribed cocculus [3] twice, each time ten powders."

The striking resemblance existing between the symptoms of progressive ataxy and the effects of poisonous doses of belladonna and atropine, at once direct attention to these, as agents likely to be useful in the treatment of that disease. Hughes, in his recent work on "Therapeutics," recommends belladonna, and it needs but that the pathogenesis exhibited by Hahnemann be consulted, to show that it covers the symptoms and conditions presenting very well. It acts powerfully on the nervous system, and produces a condition of hyperæmia, which may readily pass into atrophy. Atropia, if properly proved, may develop a chain of morbid action strikingly similar to ataxy; and if the opinion of Dr. Caspar, of Vienna, who has partially proved it, be true, viz., that atropine occupies the purely neurotic sphere of belladonna, it may prove to be the most valuable agent in the treatment of this malady.

Arsenicum album will, doubtless, be valuable, particularly in

*I was informed by Dr. Wiltbank, June 23th, that the patient remained well at that date.

alleviating the distressing pains, and silicea will address itself to every one as a remedy that may be called into service with beneficial results. Dr. Black very highly commends, in the *British Journal of Homœopathy*, silicea in the treatment of tabes dorsalis. Dr. Watson, of Utica, N. Y., advises that phosphorus be given, and on good grounds. Curare, of which, however, the real action is too little known, may be thought of. Nux moschata might prove valuable, particularly if the disease was occasioned by exposure to cold and wet, and in rheumatic subjects.

Nux vomica, particularly in cases resulting from progressive alcohol poisoning, will prove a very valuable assistant. Apart from its adaptability to the disease *per se*, we may readily perceive that no remedy would be more frequently called for to meet the various troublesome symptoms or conditions that may show themselves during the prolonged course of a case of progressive ataxy. From the nightly restlessness, the paroxysms of pain, the constipation, etc., the patient may often be promptly relieved by nux vomica.

The chief alkaloid of nux vomica, strychnia, occupies, probably the same relation to nux vomica that atropia does to belladonna. In this view, strychnia is frequently used in purely nervous affections instead of nux, but such recourse must be condemned as too crude, empirical until the true action of the alkaloid is as well determined as is that of the drug from which it is derived. The provings of strychnia, by Mr. Henry Robinson, published in the *Monthly Homœopathic Review* (British), do not sufficiently exhibit its pathogenesis in this direction.

If we consult the pathogenesis of stramonium, as exhibited in Hering's Materia Medica, now in course of publication in the *American Journal of Homœopathic Materia Medica*, we cannot fail of being struck by the very marked similarity of many symptoms to those laid down as pertaining to progressive ataxy. Indeed, Professor H. N. Martin does not hesitate to affirm that it is indicated by the disease, but whether this is asserted as the result of experience or of induction I am unable to say.

In this regard I am permitted to offer the following case, occuring in the practice of my friend, Professor H. N. Guernsey, of Philadelphia:

"Several years since I was called to treat a gentleman who could not walk while in the dark without being supported by a stout man on either side. This was invariably the case whenever he was in the

dark, either by night or by day, or when his eyes were closed. He was unable to explain the peculiarity, but was sure to fall if he attempted to take even a few steps. He was at first treated heroically, for vertigo, by old school physicians. He was plethoric and stout, with short neck, red face, and very full habit of body. The attack first came on while he was riding in a carriage. He thought the carriage went very strangely, and that it was turning over and over, and got out to see what was the matter, when he fell. On being taken to his home he was bled, but did not get well, and, after a long time, sent for me. He recovered entirely soon after taking stramonium."

Pinus sylvestris has been mentioned as likely to prove efficacious, solely upon speculative grounds. A synopsis of symptoms observed in persons using baths prepared with this agent, may be found in Possart's Manual of Materia Medica. It is used in Germany in the form of baths prepared by boiling the cones in water for muscular weakness, and "difficulty of learning to walk in scrofulous children."

The following case illustrates its efficacy in this direction. A well-formed female child, *æt.* two and a half years, was brought to my clinic at the Homœopathic Medical College of Pennsylvania, in November, 1867. The child looked well; its limbs were rounded and plump; but it had not shown the slightest disposition to attempt walking. It would draw up its legs when any attempt was made to induce it to walk, and seemingly had plenty of muscular vigor, but there was either an inability or an unwillingness to control it. There was no soreness of the extremities, of any kind, and no way of accounting for the child's not attempting to walk, except on the ground of inability. Having used baths of pinus sylvestris in the case of my own child, and knowing their value from other sources, I at once ordered the mother to procure a quantity of the tincture at a pharmaceutists, and to prepare a bath by adding two tablespoonsful to a gallon of water. The child was to be bathed and washed in this thrice daily; and every morning a teaspoonful of the tincture was to be added, and enough water to keep the bath of about the same quality and quantity. At the end of the week the mixture was to be thrown away, and a fresh bath prepared as before. I gave the mother great encouragement to hope for a favorable result, and confidently told the class that those who returned the following winter would find the child walking. I was greatly chagrined, therefore, that, during the session of 1868–69, I could make no report of the

case to the students who inquired concerning it, as the woman did not return after her first visit. A few weeks ago, however, while casually at the dispensary attached to the college, a woman came up to me and called my attention to a little girl who was rapidly running up and down the passage way. She proved to be the child above alluded to; and I then found that the mother had followed my directions strictly for a period of four months; that she found improvement taking place shortly after commencing the use of the bath; and that at the end of four months the child could walk very well, and had fully received the use of her limbs. She stated that she had not visited the college before since her appearance at my clinic, and had now called to have her child cured of complete *deafness* and *dumbness*, it having occurred to her that all that was necessary to secure that blessed consummation was, that she should bring her child to the college and see the "head doctor" she had seen before.

Other medicines might be mentioned in connection with the treatment of progressive ataxy, but these will naturally suggest themselves. What I have written will serve to call the attention of homœopathists to the disease and its treatment; that done it will possibly be found to be amenable to the curative law of the similar and no longer the hopeless malady it is pronounced to be by physicians of the old school of therapeutics.

ARTICLE IX.

Uterine and Vaginal Surgery. By John C. Morgan, M. D., of Philadelphia, Professor of Surgery in the Hahnemann Medical College.

A very important matter in female surgery will be found to be the *conveniences* for operating, viz., a good firm table, a good horizontal light, a good assortment of instruments and appliances, and, above all, first rate assistants.

The most constant requisites will be a speculum, more or less on the Sims-principle, tenacula, sponge-holders, sponge-tents, scissors, forceps, flexible sounds, cotton wool, glycerine, and sponges.

Each of these items may claim a brief notice. First, the speculum. This is much the same in form and principle as the ordinary tongue-holder, and retracts the perinæum when the patient lies semi-prone, or, if on her back, it may be used anteriorly to distend the vulva, elevate the anterior wall of the vagina, and reveal the os, the first two fingers of the left hand, separated, answering to retract the perineum. In any case an assistant must, skillfully, hold the speculum. To remedy this obstacle, often great and almost insurmountable in common practice, Drs. Emmett and Nott, of New York (*Braithwaite*, *LIX.*, *p.* 219), and Weiss & Son, of London (*Ib.*, *LVIII.*, *p.* 226), have each invented improvements for the purpose of self-retention, which are excellent if properly applied. Emmett's, particularly, affords an extensive view; the back piece being applied over the clothing or napkins, to the left of the sacrum; the side side piece holds the right labium, etc., out of the way.

The tenaculum is long and slender, with a beak well curved and three-sixteenths of an inch long, to be laid to the index, with or without the second finger, and plunged boldly, as far as it will go, into either lip of the os uteri, for the purpose of moving it at will before the vision, and holding it firmly during the operation, etc. Boldly using it, it does no harm, whereas timidity may multiply scratches. But the sensibility of the organ is trivial, indeed, compared with the common notion. Even cutting the os with scissors is almost painless. Several tenacula, well made and sharp, should be at hand; also, a vulsellum, or clawed forceps.

Sponge-holders, containing sponges, are required for sponging

blood, mucus, etc., and, in case of bleeding, arrest it instantly, when applied as a plug or tampon to the os; especially with styptics, as persulphate or perchloride of iron; also used to protect the vagina from caustic applications, if they are employed.

Sponge-tents are of fine unbleached sponge, compressed with wax or mucilage, of conical shape and different sizes. In virgins, the finer sea-tangle tent must often be first used. Introduced through the internal os, after a bougie, if needful, the tent absorbs moisture, swells and distends the cervix. One or more applications enable the surgeon to pass his finger to the fundus uteri, sometimes to see it, and so ascertain its condition, the presence of polypi, etc., etc., and perform any needed operation.

Scissors of various forms and sizes are all important. According to Dr. Emmett, there are few operations which may not be better and more safely done with scissors than with the knife.

Forceps are of obvious utility, for various purposes.

Flexible sounds and probes are of silver, and take any desired curve; they are absolutely indispensable if we wish to sound a flexed womb, as is often necessary, for the purpose of measurement, in enlargement due to tumors, etc. A straight sound cannot enter; the required curve or curves must first be given.

Cotton wool (raw cotton), of fine quality, forms an excellent dressing to retain tents, etc., and is rendered thoroughly antiseptic by soaking moderately with glycerine; this has also the effect of depleting locally, by serous discharge.

The *operations* required in the unimpregnated state of the uterus, are those for the relief of sterility, menstrual ailments, flexions, procidentia, and other displacements; as well as lacerated perineum and fistula, either vesico-vaginal or recto-vaginal; to these we have to add those required for morbid growths, both diagnostic and remedial. A word of caution is here requisite, that pregnancy may coexist, and should in that case be timely detected.

The simplest of all is the introduction of various *dilators* through the cervix, either for exploration or the relief of stricture; the shape of these must always be adapted, if possible, to the shape of the cervical canal, as before explained; no difficulty will then occur, if the case be simple. The process should be nearly painless, unless the patient be very sensitive.

Sponge-tents.—Cones compressed by twine and moulded by aid of wax or mucilage, are introduced with forceps and the fingers, and

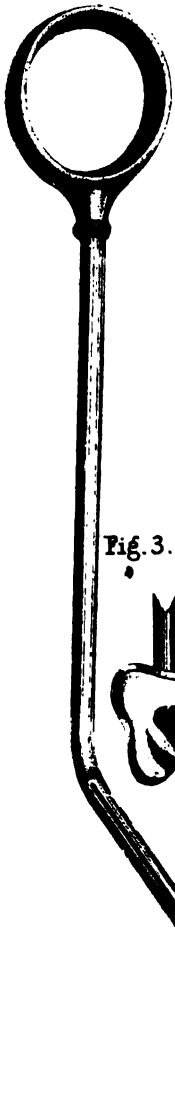
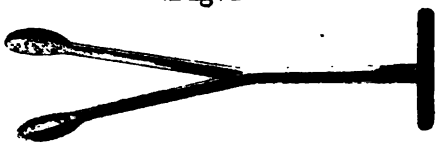


Fig. 1.



Spring Intra-Uterine Pessary.
Weight: Two Drachms.

Fig. 3.

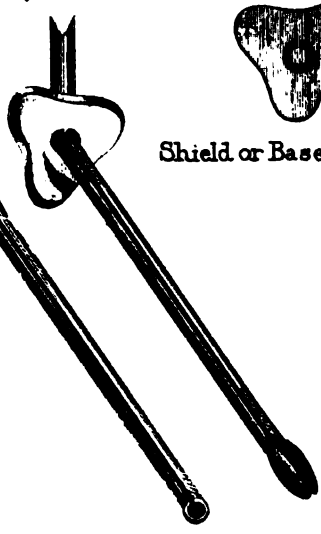


Fig. 2.

Shield or Base of Spring

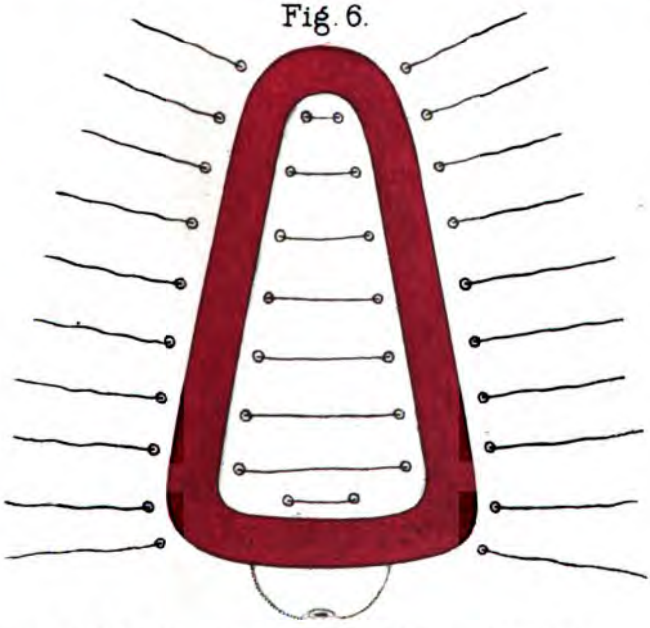
Canula with Groove.
(Full size.)

Fig. 4.

Fig. 5.

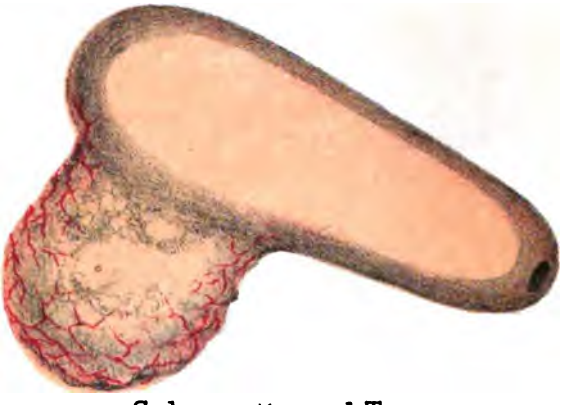
Operation for the Relief of Anteflexion, Dysmenorrhœa & Sterility.

Fig. 6.



View of the Anterior Vaginal Wall and the Operation for Procidentia. The Apex is nearest the Observer. By folding the Figure at the Cervico-vaginal Junction, the relative positions are produced as in Life.

Fig. 7.



Sub-peritoneal Tumor.

Fig. 8.

Intra-mural Fibroid Tumor.

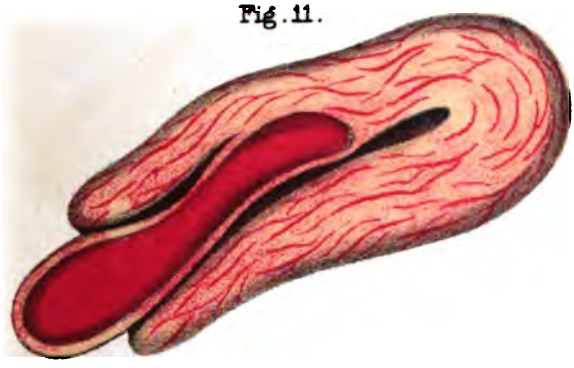
Fig. 9.

Sessile, or Intra-mural or Imbedded Stage.

Fig. 10.

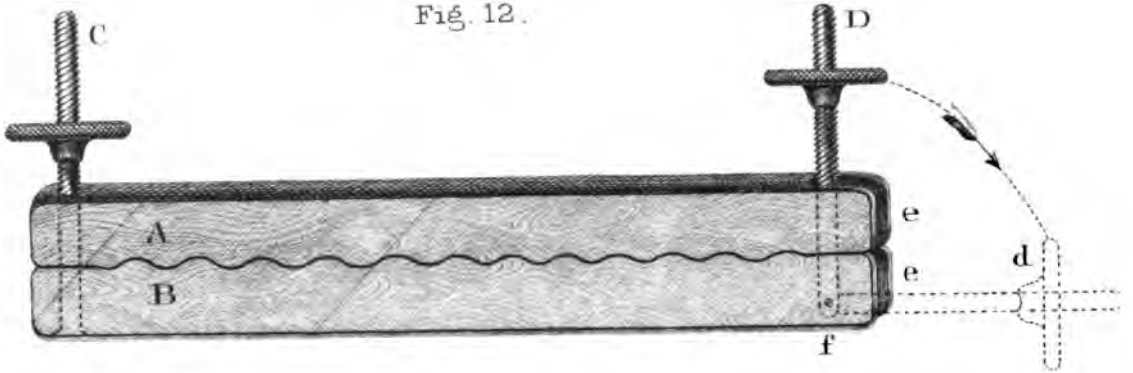
Formation of a Peduncle.

Fig. 11.



Extrusion of the Growth through the Os, forming the Fibroid Polypus.

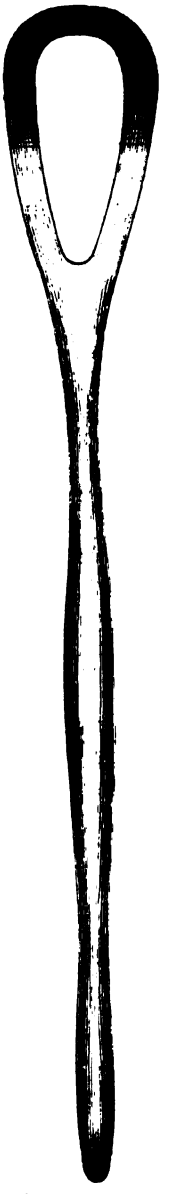
Fig. 12.



Ovariotomy Clamp.

Fig. 13.

Fig. 14.



New Style of Vectis.
(Reduced.)

sustained by cotton with glycerine. In twenty-four hours dilation is effected, and may be repeated with a larger tent if necessary, but usually the finger will do the rest, the fundus being fixed firmly by the other hand, upon the abdomen. The twine mark forms a screw thread, which aids in introduction; a few drops of carbolic acid render the mucilage antiseptic.

Intra-uterine pessaries lie under a heavy weight of professional condemnation, but are nevertheless greatly prized by many in particular cases. The great error in their construction has been a rigid stem within the uterus, subjected to the constant influence of expulsive uterine efforts, as well as of a vaginal or extra vaginal portion, which moves with every change of bodily position; injury to the intra-uterine surface being inevitable. But Dr. H. G. Wright (see *Braithwaite's Retrospect*, July, 1866), has, I think, remedied this.

I have a patient now wearing one through the menstrual flow, as well as at other times, with great advantage in the relief of dysmenorrhœa from anteflexion; the posterior lip of the os uteri I had previously slit with scissors. The healing of the incision left the external os much more capacious, but of good circular form.

The patient, having afterwards the choice of a supplementary incision of the internal os and intervening canal, or the intra-uterine pessary, chose the latter, and is quite satisfied, nay, very grateful for the result, having lately been able, for the first time in her life, to keep her period a secret, even from her mother. She writes that she would as soon think of parting with an eye or a tooth as with the instrument.

This pessary is simply a double steel spring, like a split uterine sound, soldered to a german silver shield, of rounded triangular shape, but attached to it at only one point, the remainder of the connection being severed for a canula to traverse; this having a groove, to correspond with the attached point; this is used to close the spring, which is gilded, for introduction. Once within the internal os, the canula is withdrawn, the spring blades separate, and then retain position, yielding somewhat to uterine contraction, but never expelled, and always resuming position when contraction subsides.

The figures 1 to 3 explain the parts of the instrument, as made by Mr. Gemrig, of this city. Before introduction, the canal should be prepared by passing the sound, curved, and then a medium sized, curved bougie; the passage of the pessary and canula is thus greatly

facilitated. All should first be well lubricated. The canula ha better be curved, from the shield out, and long enough to hand easily. The one weak spot of the instrument is at the bottom of th split, which the gilding does not easily reach; this may rust, ca dirty discharge, and finally weaken the spring. In the case refer to, a new instrument became necessary after the lapse of six mont

The block-tin pessary is, if properly made, a soft and flexible ri and is then capable of valuable use. The *fitting* of the pessary is matter of nice adjustment. The patient being on her back, the l forefinger is passed back to the posterior cul-de-sac, putting the vagi to moderate tension, and resting against the triangular subpub ligament. A smooth stick is now passed to the point of the left inde and the distance to the ligament is the depth of the vagina. Allow finger's thickness (at its end) less than this measure, and that is th proper size of the ring, which, being flexible, may be made of a desired shape. So fitted, it is worn without mischief. This plan i due, I believe, to Dr. Emmet.

Dilatation of all kinds is essentially palliative only. Pregnan with a happy termination cures. But pregnancy, and even marria itself, are rendered problematical by the existence of such mechani derangements. More radical interference may be required, hen cutting operations meet with much favor in many quarters, espec ally since the painlessness and comparative harmlessness there appear to be established.

Simpson seems to have been the pioneer in these operations, an his uterotome, a bougie with a concealed knife, is still in vogue There are various modifications of this, with single and double blades, all intended for the same purpose, relief of cervical stricture, dysmenorrhœa, sterility dependent thereon, etc.

Sims and others use scissors, with an angle to suit the required position, to divide the external os bilaterally, incising the internal os and cervix with a fine knife capable of being set in its shank at any angle. Others employ an automatic two-bladed uterotome, cutting both sides at once, as it is withdrawn.

Anteflexions, however, require a peculiar series of incisions.

First, the posterior lip of the os is divided with scissors, up to, but avoiding, the circular artery of the cervix, that is, just barely up to the vaginal junction, as in all other incisions of the os. The lower blade completes its work, but it will easily be seen that the curved line described by the upper blade has left a projection of the posterior

wall of that portion of the cervix. At the internal os, also, the anterior wall projects backward in like manner. Both these are cut by the fine adjustable knife before alluded to; the first projection by the eye, the upper afterwards, alongside the flexible fine probe, previously introduced. No force, only a gliding motion is to be used. Repeated introduction of a bougie or sound during the healing process secures a pervious state of the canal, and relief of the dysmenorrhœa, etc. Dressings of glycerine cotton. The three cuts straighten the canal of the anteflexed cervix; the stricture being thus corrected, bougies are to be used repeatedly, until healing is complete. The first cut will then have filled up so far as to leave a nearly round, but open external os, the remainder of the canal being pervious and easily transmitting fluids. No deformity, properly speaking, remains from the incisions. Figure 5 represents the gaping of the single first cut, before it has filled up in healing.

Figure 4—*A*. First cut, with scissors, the upper blade describing a curved line, thus dividing the posterior lip of the os uteri lengthwise, but leaving a triangular segment projecting forward, demanding

B. Second cut, with adjustable knife of Sims or Emmet, which straightens the lower portion of the canal.

C. Third cut, with knife reversed, incising the rounded projection of the anterior wall of the canal backward.

The operation for procidentia uteri consists in scissoring out, from the upper wall, a triangle of vaginal mucous membrane, with the apex anteriorly, about wide enough to meet well from opposite sides, and heal together, giving the upper wall a double character, with a mucous tract between its layers, the raw surface being one-quarter of an inch wide, and bounding the mucous tract on all sides; and if it heal throughout, forming a mucous sac, which does no harm. The vagina is thus contracted, and support obtained for the womb; the base of the triangle also forming a medium of connection, and support for the uterus, with the superjacent pelvic fascia.

The first step in the operation (Figure 6), is, after having placed the patient in the semi-prone posture, to replace the womb, and with a curved sound, or other instrument, with fine double forked extremity, convexity upward, push the anterior wall up in the median line, until the surplus tissue is all out of sight. Then at the exact line where the opposite sides of the vagina are brought together the mucous membrane is scissored off, to the breadth of about one-sixth or one-quarter of an inch, on the two sides of the triangle; these are

subsequently connected at the base, drawing the os forward for th purpose. The silver wires are passed completely under the ra surface and over the intervening mucous membrane, making fo punctures each; these, tightened properly, bring the raw surfa in exact contact. Perfect rest is enjoined, as in other cases.

Lacerated perinæum.—The patient being in lithotomy positi the opposite surfaces are scissored off to match. Supposing the rec septum is torn, Dr. Emmet's plan will be found valuable, viz.: Fir pass a silver wire around the anterior two-thirds of the anus, emer ing and rëentering the needle one-sixth of an inch from the edge the slit, on the rectal aspect of the septum, forming the so-call "binder," serving to cause the edges to roll up into the vagi instead of the rectum, thus removing one great obstacle to union the septum. The remainder of the stitches are now passed, and th whole secured *in situ* by shot or twist.

Protection, cleanliness, and quiescence of the bowels are the ind cations for the after-treatment, the limbs being tied together at th knees, and quiet observed until union is firm. Urine may be remov by a long flexible catheter. The sutures must be numerous, propo tionally, or a fistulous opening may remain at some point; say on quarter of an inch apart. Superficial cutaneous sutures are to b superadded.

Vesico-vaginal fistula; recto-vaginal fistula; occluded vagin —This last often exists in connection with the others, as well a alone. In the former cases violent labor is a common cause. Th occlusion must be first corrected, the other afterwards. A sound is passed into the bladder as a guide, the left index finger in the rectum for the same purpose; with scissors the intervening space is incised in the median line, from before backward, to get a start; the subjacent looser tissue is now to be pushed aside and separated by the right index finger, guided as before, in the axis of the pelvis, up to the os. A glass cylinder is then placed in the artificial canal and worn with a T-bandage until a mucous membrane is formed of the superficial layers of the connective tissue, *i. e.*, until cicatrization is effected; as in other cases of cicatrization there is great liability to recontraction, but much less after this method than from the knife. The danger of hemorrhage is also much less. This proceeding is to be credited to Dr. Emmet.

Fistulæ may now be cured, the tension of the vagina being thus obviated. Here, again, scissors are of great value, and are of shapes

as various as a set of dental forceps. Long handled instruments are necessary throughout. The edges being freshened, are held together by suitable toothed forceps, and silver wire and shot applied as sutures. The sutures, in all cases, must embrace a sufficient amount of tissue, and must remain long enough to insure union. Dr. Bryant's plan may be adopted, instead of the usual paring of edges, viz.: Splitting them, and bringing together the raw surfaces by suture, as usual. (*Braithwaite, LIX, p.* 216.)

Morbid growths, cystic, polypoid, fibroid.—In all these, diagnosis is the first point, and is not very difficult in most cases. First, by manipulation per vaginam, per rectum, and simultaneously per abdomen, form an idea of the bulk and shape of the uterus and ovaries; then of its position, consistence and vascular and nervous status. If a growth be external to the uterus it may be thus mapped out. Tapping is sometimes done in suspected ovarian dropsy, as a diagnostic, aiding further manipulation and yielding albuminoid fluid of various color and density. An external fibroid (Figure 7) may be detected by a certain abruptness of outline, as it is traced to its site in the organ itself; an intra-mural fibroid (Figure 8), on the contrary, is known by the gradual line which marks the changed shape of the uterus.

In all such examinations the patient is recumbent on the back, or semi-prone; the clothes loose at the waist; the breathing free, relaxing the abdominal walls; anæsthesia is occasionally an aid in this way; relaxation is essential; laughter, or straining, however, is sometimes useful in bringing the organ down to the vulva; so, also, is position, such as elevation of the shoulders; the anterior application of the speculum or spatula meanwhile keeping the view clear. The sound, properly shaped, explores the uterine cavity.

Morbid growths commonly cause apparent hypertrophy and displacements, and for obvious reasons. Flexions require the careful curving of the sound. The shape and depth of the cavity being ascertained, hypertrophy or displacements, are noted. If obstruction exist in the cervix, especially if not remediable by curving the sound, a polypus or fibroid probably projects within and must be traced by the sound to its base, aided, if required, by a sponge-tent.

In very many cases of chronic menorrhagia, such a growth may be suspected, and even if no distinct tumor exist there may yet be a diffuse polypoid vegetation in the cavity of the uterus proper, or of the cervix, sometimes called "fungous granulations." Intra-mural

fibroids occurring in either the anterior or posterior wall will cause a projection or enlargement of that wall, both externally and into the uterine cavity, and may be mapped out thereby.

But the sponge-tent is the great means of diagnosis, enabling the surgeon to see, isolate and explore each portion of the uterus separately. For polypoid growths, cutting or biting forceps, scissors, the curette or German silver scraper, and galvano-caustic are applicable; the ecraseur is more suited to fibroids when pedunculated. The biting forceps are about the diameter, at the end, of one's little finger, and about one-half its length, on long curved handles. They shut squarely on the centre, are excavated within, are fenestrated, and of uniform diameter in this part, rounded at the extreme end, elsewhere of quadrangular figure with the angles rounded. They are of this shape that they may bite off vegetations, after dilatation, as they are applied to the whole interior of the uterus by parts, without including normal tissue. After such removal, the practice of injecting Churchill's tincture of iodine (seventy-five grains to the fluid ounce) as a caustic, is by some considered requisite to renovate the whole lining, for which a long glass tube may be formed into a suitable syringe, which is charged with half a fluid drachm, carried up to the fundus and emptied, the uterus instantly contracting, and hemorrhage immediately ceasing, the uterus having first been dried with a sponge in holder, and the surplus iodine being caught by another as it escapes from the os. The styptic effect is marked, and this may be utilized in other cases of uterine hemorrhage if necessary. Allowed to flow upon the vaginal mucous membrane, it would inflame it, and I have reason to say that the ovaries are in some danger of suffering in like manner through the medium of the fallopian tubes.

Plugging the cervix, or the whole uterus, arrests hemorrhage most efficiently, aided by vaginal plug, if required.

The object of treatment in intra-mural fibroids is to secure their expulsion per vias naturales; a sponge-tent, often repeated, or the growth of the fibroid itself, may open the os; or it may be opened by bilateral section. Not sooner than three days subsequent to this, (for fear of septic absorption by the incisions), the mucous covering or capsule of the growth itself is incised to a small extent, and the contraction of the fundus promoted, usually by means of ergot. The growth thus undergoes parturition, sooner or later, and being of low vitality putrefies somewhat in the process, rendering antiseptic

ijections, etc., necessary. A slower process is to promote gradual rpulsion without first wounding the mucous covering.

A sessile tumor, one which has no distinct stem, but is bedded in he uterine wall, gradually acquires a distinct stem by uterine ontraction around its base; the bulk of the tumor, covered by mucous membrane, being pushed on to and through the os. This may now be cut off by ecraseur or by strong scissors, styptics being eadily applied. This may be understood by figures 9, 10, 11.

Dr. Minton removed a large pedunculated fibroid by pulling it lown until he could reach its attachment;* this being enucleated, as an often be done, by the finger nail.

Prof. Helmuth has successfully employed torsion, in fibroids of moderate size, by means of the vulsellum. Extra-uterine, or subperitoneal fibroids, if they lie in the recto-uterine septum, may be partially disintegrated, through that tissue, and made to slough away piecemeal, taking the chances of septicæmia. Simpson's uterotome is the proper instrument. In other localities little can be done unless by medicines, as lachesis and apis, or by abdominal section.

Ovarian Tumors.—These are of two principal kinds, the solid and the cystic. The former may be of any sort of morbid growth, elsewhere found, benign or malignant, and within the substance of these growths, cysts may, as elsewhere, be developed.

They may begin in the ovary of either side, or in the uterus, beneath the peritoneum, extending to the other parts of the organ, as they increase. A peculiar encysted tumor is sometimes found, containing fœtal remains, as hair, bones, and teeth; and this without the patient having ever been pregnant. By some, this is thought to illustrate continuous generation in the human being, as the aphides, the insects of the rose plant, bear young in several generations, from a single original impregnation; but the true view is, doubtless, that the subject, in such a case, was herself a twin; the brother ovum early becoming enclosed in her own growing substance, and losing its identity, except as to these remains. A remarkable illustration of this abnormity is preserved in the museum of the Hahnemann Medical College, of Philadelphia.

But the common forms of ovarian tumor are those known as fibrous tumors, and ovarian dropsy; the former have already been alluded to, and figured, as growing out from the uterus (Figure 7). The diagnosis has also been spoken of; yet one additional point must here be

* See Volume VI, p. 320

dwelt on. Grave errors have occurred in the diagnosis of ovarian tumors, so-called, which have proved to be meteoristic or fæcal distention of the large bowel; especially the sigmoid flexure of the colon. This is the more likely to deceive, if that portion of the intestine is very loosely attached, as often happens.

With this preliminary observation, it may be remarked, that a permanent and increasing enlargement in the region of either groin, located beyond the abdominal walls, and obliterating the form of the ovary, as tested per *vaginam et abdomen*, as before explained, and, I think I may add, a history of frequent abortions, with frequent menstrual disturbances, make up a case lacking little of a certain diagnosis of ovarian tumor. If, moreover, the outline be distinctly mapped out in its early stages, it is demonstrated. The solid or fluid nature of its contents may be known by absence or presence of fluctuation.

In dropsical cases, pregnancy may have at first been supposed to exist, and, indeed, it may, as before intimated, coexist, demanding additional care and discrimination. The lateral origin of the enlargement ought alone to suffice, especially if there be no simultaneous signs of pregnancy, to prevent error, in such a direction. The ordinary signs of this state are to be inquired for, but may partially appear without it.

In great distention palliation may be sought by tapping. The contents may be of various consistence and color, but are commonly very albuminous, a fact of some value as a diagnostic, when revealed by the trochar or exploring needle. Umbilical rupture sometimes occurs, and through this space there is a temptation to thrust the instrument. This must not be done, as it is apt to lead to evil results. (Vide Gross on Umbilical Hernia.) I have myself seen a case where strangulation and sloughing of a protruding portion of the small bowel, produced artificial anus, and hastened death by inanition, consequent, apparently, on tapping at this spot, performed by a very eminent surgeon.

If paracentesis be practiced, the opportunity must soon after be embraced to perfect the diagnosis by palpation.

If no inflammatory attacks have been suffered, and hence no adhesions formed, the attachment of an ovarian cyst, and consequently the pedicle of the tumor, will consist of the broad ligament and Fallopian tube, with the abjacent tissues. The tumor itself is considered to be, in the first place, a Graafian vesicle, or a plurality of them, in

a state of dropsical distention. The sac wall is the substance of the ovary, with its peritoneal coat over all. Within the wall may be found a single or unilocular cavity, or it may be multilocular; the smaller appearing to be secondarily developed within the mother sac.

The peritoneal coat often becomes adherent, either to the abdominal walls, or to the omentum, or to the intestines, or to all of these; complicating the operation for removal, very greatly; sometimes, even preventing its completion. The latter event, however, is very generally obviated, in recent times, by the use of the common ecraseur, the actual cautery, or the galvano-caustic, which is a sort of fine ecraseur of platinum wire, in an insulating double canula, the wire being made red hot (after adjustment to the tissue to be severed), by a strong galvanic current. This galvano-caustic may also be advantageously employed, as is done by Professor Braun, of Vienna, for the removal of intra-uterine growths.

These measures render possible the removal of ovarian tumors having extensive adhesions or important anatomical relations. Of course the least important tissue is to be attacked, in severing any given adhesion.

One more special point must be attended to, before mentioning the operation itself, viz.: The treatment of the pedicle. Much, of good or ill success, undoubtedly hangs hereupon.

The principal measures are: 1. The ligature; which may be organic or inorganic, of cat-gut, silk, or of silver wire; 2. The clamp; 3. The ecraseur, and 4. The actual, or 5. The galvano-cautery.

Organic ligatures may be used precisely as for arteries, one end being left hanging out of the wound; only they are double, transfixing the pedicle by means of a needle, and being tied on each half. They should be stout enough to be efficient.

Again, according to the plan of Prof. Lister, of Glasgow, they may be rendered antiseptic by preparation with carbolic acid, cut off close at both ends, and allowed to become encysted. Silver wire may also become encysted. But in any form, the ligature may not prove secure during the shrinkage of the pedicle, and hemorrhage, even fatal, may result. But this is not the only hazard in ligation. All the well known objections to ligatures on arteries, apply here; add to which, the exposure of the peritoneal cavity to irritation, even after the wound is closed.

Peritonitis, exhaustion, pyæmia, and secondary hemorrhage, as well as primary shock, are always to be guarded against.

The clamp (Fig. 12) is in great favor with many. It is applied b screws, and holds the pedicle in the wound, the sac being then c away. It becomes adherent as the clamp is gradually separated b the sloughing of the remnant through its pressure; it being tighten from day to day until it comes away. Its advantages are obvious.

Explanation of figure 12. A and B. Upper and lower blades. Permanent screw firmly fixed in B, loose in A, with nut. D. Hin screw, working in a slot in each clamp (e e), hinged on a pivot at (d. Same dislodged from the upper blade to permit the pedicle of t tumor to pass between the blades; after which D is replaced in and the nuts are tightened.

The ecraseur is, beyond doubt, a very effective means, but it is n favored by many.

Lastly, the actual cautery in its several forms. It is the preventi of hemorrhage, which is primarily had in view in each case. Th use of the actual cautery in other hemorrhagic cases is well know and its difficulties and disadvantages as well as its advantages w occur to every one. Its special use here is to sever the pedicle, a seal its vessels at the same moment, adhesions being treated in li manner.

The operation being resolved on, the patient should be improve in general health as far as may be, in the first place. The day is to b fixed, with the reservation that a falling barometer, an easterly win and the nearness of an eclipse are contra-indications; since these ha a manifest effect in reducing the vitality of the patient. Next, eve precaution must be taken that there be no septic influence permitte

The atmosphere, the utensils, the surgeon's hands and clothing, are to be pure; if necessary, disinfected by permanganate of potash, c carbolic acid, and afterwards thoroughly cleansed. The surgeon' finger nails are to be short, for cleanliness, and to prevent mechanica irritation; his assistants are to observe the same rules.

A firm table, spread with quilts and a sheet, is placed with its foo toward a good window; ordinary operating and dressing instrument and appliances are to be at hand; and besides, the ecraseur, th actual cautery, a large trochar, with some large catheters, to aid, i need be, in evacuating the contents of the sac; also, preferably, th clamp; a lint compress and bandage to envelop the abdomen, and, lastly, a frame to protect the wound from the weight of the bed clothes, a simple form of which, is a barrel-hoop cut in two pieces, tied cross-wise at the middle.

The anæsthetic is to be committed to a trusty assistant, whose interest in the operation must not be such as to risk the suffocation of the patient, through inattention, as I have seen very nearly occur to an eminent surgeon of this city.

One of three kinds of incisions is to be chosen, all in the linea alba—major, minor, and the last I will call minimum. The first is from the ensiform cartilage to the pubis; the second, from the umbilicus only; the third, only two inches long, to the os pubis. The first will be needed in case of great adhesion; the smaller ones, if free, and the pedicle of a size small enough to be managed in the opening.

The intestines are apt to be in the way, in the major incision, and should be handled with warm, moist flannel, an "artificial serum" being sometimes used for the purpose. No cold applications are to be made. The bladder is to be emptied before the anæsthetic is given.

All being ready, the scalpel is carried down through the skin and superficial fascia, then through a small portion of the linea alba below; the edge being now upturned, and the first and second fingers of the left hand passed into the opening, as a director, it is enlarged. The peritoneum is incised in like manner, separately, as soon as the linea alba is a little opened, then, simultaneously with it, avoiding its undue separation from the nourishing transversalis fascia, the sac is thus exposed and examined. The trochar and canula are passed into it, and its contents received by means of a bowl, or tin cup, and bucket or tub (a washtub is sometimes required). The sac being emptied, adhesions are dealt with, by rupture, if recent and slight; by the ecraseur, the actual cautery, the galvano-caustic, or the knife scissors, if old and firm.

The substance of the sac being set at liberty, it is drawn through the opening and the pedicle disposed of, as before explained.

The wound is now closed by silver sutures with intervals of, say three-fourths of an inch, and adhesive straps, cut broader at the ends, between these, reaching half way round the body, a compress over this and finally the bandage (a soft towel) is firmly applied, the patient put to bed, and the frame placed over the wound for protection.

Relays of skillful and attentive assistants must watch by the patient, and should, without parade, keep a regular hourly memorandum of pulse, skin, sleep, etc. The urine should be voided without moving the body—preferably, or indeed always, by catheter. Stool is not encouraged, and in old school practice is sought to be obviated by a preliminary cathartic, the day before the operation, and opium in full

doses, until the healing of the wound. A bed-pan is requisite, should the bowels move. Diet must be fluid, but concentrated. Unnecessary motion of the body and limbs being avoided, the patient must lie on her back until healed. Union by first intention must be obtained if possible.

With care and skill, "gastrotomy" loses much of its former danger, and is not now esteemed so formidable as it once was. The great points are, to choose the right cases for success, and operate in time before exhaustion is imminent.

Obstetric Surgery. Hydrocephalus in utero. In consultation the past winter, it was my fortune to witness three cases of hydrocephalus in utero. In the first case, a patient of Dr. J. K. Lee, the feet presented. Assisted by Dr. Guernsey, I tapped the head behind the left ear, using the obstetric trephine; introduced my finger into the mouth and delivered the child. The mother recovered rapidly.

In the second case, a patient of Dr. R. M. Pancoast, Dr. A. R. Thomas being the operator, the head presented; the uterus had also suffered rupture. The mother, of course, could not be saved.

In the third case, a primipara, was the wife of an allopathic physician, in whose absence I was called. Strange to say, the hydrocephalic head, had collapsed somewhat, I know not why, and escaped; and the pains having ceased, the shoulders were retained, the child being large; the delivery was easily effected by manual effort.

In all the cases, the children were dead before any operation was instituted.

Non-flexion of the fœtal neck at the superior strait. Projection of the maternal sacro-vertebral articulation, and narrowing of the antero-posterior diameter; delivery by vectis and forceps. I have recently met with a considerable number of parturient women, of whose cases this heading is a resumé. One of these was a patient of Dr. D. R. Gardiner, in her fifth labor, all the previous births having been fatal (by craniotomy or otherwise instrumental) to the children; and severe as to their effect on herself, except the last two or three, under Dr. G's care. On this occasion, last June, prompt attendance being given, we found the os wide open and moist, only the pains had ceased. Pulsatilla did not renew them, and ergot was given with effect. As the pains returned, I introduced the vectis and applied it to the vertex, holding it downward, firmly with both hands, in the intervals as well as during the pains. Flexion occurred quickly, the vertex came to the inferior strait, and the forceps

finished the work speedily; the child being a fine one and unhurt. Complete recovery.

The vectis employed is one made from a design of my own, by Mr. Kolbe. It weighs about four ounces, is short, and may be carried in the vest pocket. The blade is very small and much curved, the shank strongly counter-curved and terminating in a blunt hook, curving in the same direction with the blade. The advantages of this pattern are: first, its portability; second, the small space occupied in the vulva and pelvis, and between the limbs of the patient; third, the two-handed grip, not readily slipping, secured by the blunt hook; fourth, the easy application of force in the right direction; fifth, avoidance of contact of the instrument with the bed, or with the patient's feet, and hindrance therefrom. See figures 13 and 14.

The common vectis is formidable in appearance, unwieldy, occupies much space, with liability of wounding the anterior commissure of the vulva; and, from its straightness in the shank, other parts also. The bed and the patient's feet are constantly liable to interfere with the long, straight handle; and this being soon made slippery, it is impossible to give the right direction to the force, or to apply any considerable force at all.

The forceps I usually employ, are also of my own pattern, made by Wiegand, in 1856; later known, with minor variations, as Wallace's.

Version in utero by hands on abdomen.—When the uterus is very inert, the head may sometimes be distinguished in improper position before labor, and may be readily changed by the hands, as I have reason to know, especially if the woman be upon her hands and knees. But I have also seen that the malposition is renewed afterwards, tending to show that the uterine fibres are at fault, falsifying the shape of the womb itself, and necessarily affecting the position of the child.

The reasonableness of medication for malposition is, therefore, as evident as in any other form of inertia or irregularity of uterine action.

Stone in the female bladder.—Mrs. M., *æt.* 62, of South Vineland, New Jersey, has for years been voiding phosphatic calculi, one of which was a quarter of an inch in diameter. For some two or three years she has been conscious of the presence of one which refused to pass, although, by the contractions of the bladder, brought on by petroselinum°, in twenty to thirty drop doses, given by her physician

for that purpose, it was forced toward the urethra, so that she could touch it at times. Finally, an operation was resolved on, and, being consulted, I removed it.

Having fully etherized the patient, and satisfied myself of the presence of the stone by sounding, the long slender speculum forceps, curved at the end, were introduced into the urethra, and considerable lateral dilatation effected by gradual separation of the blades. Retaining these *in situ*, a pair of dressing forceps were also applied within the space, and dilation increased posteriorly. The left index finger, well oiled, was now gradually insinuated its whole length, the speculum forceps, used as a guage, showing a considerable portion of the stone. This being touched by the finger, the lithotomy forceps were introduced, the stone seized, and by slow traction removed; a slight laceration was corrected by fine silk suture, and the patient put to bed. Incontinence of urine continued for three days, then permanently ceased. A rigor the same evening was relieved by one dose of china[30], administered by her physician, Dr. Tuller. Pain in the right hip, with retching, two days later, was relieved by guaiacum[200], followed by nux vomica[30], and a week later, abdominal soreness, by calcarea[200], the patient being now restored to good and comfortable health.

The calculus is phosphatic, oval, one and a quarter by one and an eighth inches in diameter.

In a similar case hereafter, I should seriously consider, and probably adopt, the advice of Dr. Emmet, of the Woman's Hospital, New York, to incise the vesico-vaginal septum, in the median line, an operation resorted to by him, in cases of mere chronic cystitis, as a palliative to give rest to the bladder, in which, remarkably enough, his principal trouble appears to be, that it is difficult to prevent the fistula thus made, from prematurely healing up.

ARTICLE X.

Encephaloid Disease. By Bushrod W. James, M. D., of Philadelphia, Pa.

There is a certain class of maladies characterized by vitiated cell development, that seem to be based upon some poisonous elements which pervade nearly every part of the system, and the symptoms which they give rise to perplex the most scientific practitioner, and in many instances baffle all skill and carry the patient to a fatal termination.

One of these forms of disease is the one under consideration, and to which various names have been applied, such as soft cancer, medullary fungus, and fungus hæmatodes, and although under different names, with a few differing symptoms appearing under each, they all bear a closely allied malignant character. They are distinguished from scirrhus or hard cancer, by presenting to the touch a yielding softness.

It will better illustrate the relationship existing between this and the other forms of carcinomatous growths by giving the now generally received divisions which the microscope has enabled the surgeon to make.

1. The colloid or gelatiniform cancer, in which there is an excess of blastema present.

2. Medullary, or soft cancer, cephaloma, in which an excess of cells abounds.

3. Scirrhus, or hard cancer, characterized by a superabundance of fibrous tissue.

In addition to these leading forms are several modified forms, as follows:

1. A modification of encephaloid, the fungus hæmatodes, marked by a great excess of blood and blood vessels.

2. The osteo-sarcoma, or spina ventosa, which might be classed under the hard cancer variety, for here we have the osseous tissue predominating.

3. Melanosis, where the coloring pigments within the cells abounds.

4. Lardaceous or reticular cancer in which fat globules are found infiltrated through.

5. The ordinary epithelial cancer where we find a great excess of epithelial cells.

The encephaloid is, however, a much more rapid and prostrating affection than the other varieties. When it ulcerates, instead of a cavity being produced, as in some carcinomatous growths, a great increase of substance in the shape of fungoid protrusions result, and thus the growth may go on to an enormous size, and not unfrequently it gives rise to great and sometimes fatal loss of blood from a rupture of one or more blood vessels, incident upon the great vascularity of such formations. It is generally irregular in its appearance, although the matter of this malignant disease is found encysted.

It occurs mostly in young people while the scirrhus formation is generally found in persons of advanced age. No part of the organism seems free from its inroads or subsequent encroachments. Hence we may understand how futile it is to attempt to remove the disease by cutting off one or more of its off-shoots, in the shape of an encephaloid tumor, for this is acting upon the principle of removing a twig for the purpose of destroying a whole tree.

It is very important to make correct diagnosis of the growths, for when they have their origin in the superficial structure of the body, before the skin is ruptured, they feel very much like an abscess. There is however no real fluctuation, although the tremulous movement of the enlargement gives rise to a very similar feeling to the touch. In abcesses the integument becomes red and tender, with more or less œdema of the cellular tissue. In these malignant tumors on the contrary, the skin presents a somewhat darkened appearance, has a shining surface, the veins running over the growth become enlarged, prominent, and assume a varicose condition. It would be a sad mistake to open one of these tumors for an abscess, as that would only increase the rapidity of the growth, and hasten the death of the patient.

There are rare cases however in which certain apparent forms of the disease seem to have a circumscribed character, and are so situated that they can be readily extirpated.

Treatment. A few successful cases are on record of cures effected by homœopathic remedies. On page fourteen, volume third of the *United States Medical and Surgical Journal*, is recorded a case of malignant fungus of the right thigh, in which arsenicum was first given without benefit. Afterward phosphorus[80] was administered at intervals of four hours. The tumor was dressed with a tomato

Fig. 1.

ENCEPHALOID OF THE EYE.
Front view, at six months.

Fig. 2.

Front view, at twelve months

Fig. 3.

Profile view, at death, the whole head face, neck, trunk and lower extremeties being involved in the disease.

poultice. A marked change for the better soon took place, and in about two weeks the disease had nearly disappeared. Apparent recovery occurred, and when heard from a year afterward there had been no return of the disease.

Dr. C. Hering, while living in Surinam, reports (*Archiv. Bd. IX, H.* 3, *S.* 153), a case of a negro successfully treated with phosphorus, the characteristic symptom being "slight wounds bleed freely."

In volume IV, page 517, a case of fungus hæmatodes is reported which was cured by Dr. John Komarck, of Prague. The patient was an infant. The tumor was located in the right inguinal region. It was cured by phosphorus in the third or fourth potency; two or three pellets were given each day. The fungus, after fourteen days, shrivelled, turned pale, and at end of three weeks became a mere bluish discoloration of the skin, which was still visible, though less, at the end of six months.

He states that he has seen similar pathological conditions entirely disappear, after the use of specific means, especially phosphorus[3].

Dr. Bolle, of Paderborn, Germany, reports in the same journal, page 518, a case of cancer in the stomach, which, after nine months of unsuccessful allopathic treatment, came under the care of Dr. Nicol, homœopathist at Hildesheim, who administered phosphorus[200]. The patient was relieved, and remained so for one year and a half, and on their recurrence was again relieved by phosphorus[3] and a permanent cure effected.

In the *American Homœopathic Observer* volume five, page 423, a case of uterine scirrhus is reported by Dr. David James, of Philadelphia. It was pronounced incurable by an allopathic attendant, but under homœopathic treatment was cured by carbo animalis, and conium maculatum. Twelve years have elapsed without a return of the disease.

The caustic treatment of carcinoma is unjustifiable. The knife is admissible in some forms, but seldom or never in genuine encephaloid.

Hartman considers arsenicum, in high attenuations, the most important remedy. Hahnemann considered it one of the principal remedies. Conium maculatum, carbo veg., mercurius corr., kreosotum, veratrum viride, and thuja should not be forgotten. More recently hydrastis canadensis and sempervivum tectorum have been found useful.

Field Marshal, Count Radetzky, at eighty years of age, was cured, under homœopathic treatment by Dr. Hartung, of fungus hæmatodes

of the right eye, after having been pronounced incurable by two eminent allopathic physicians of Vienna. The remedies employed were arsenicum[10]., psorin[10], herpetin[10], carbo animalis[10], and thuja occidentalis.

The following case, of a little girl who recently came under my observation, is well worthy of note, as illustrative of encephaloid disease. It commenced in the left eye when she was two and a half years of age, and was one year in growing. The first noticeable symptom was a tendency to internal strabismus, and a yellowish white opacity in the posterior chamber of the eye, visible through the pupil. Soon the whole globe of the eye began to enlarge and protrude; œdema with protrusion of the eyelids followed. After a time the whole orbit became filled with the morbid growth; the ball of the eye lost its form and became wholly involved in the diseased mass. The enlargement seemed to take place more rapidly at the outer canthus. A discharge of sanious matter from the anterior surface soon commenced, and, as the disease advanced, copious hemorrhages occurred at intervals of two or three weeks, the surface being covered meanwhile by a hard black crust. The tumor attained the size of a large hen's egg. Its volume was somewhat diminished by the repeated hemorrhages. It constantly exhaled an offensive, fetid odor.

Figure 1 represents the appearance of the tumor when I was first called.

The affection finally spread over the whole side of the face and head, and extended to the right shoulder and even to the right limb, which was considerably enlarged and exhibited unmistakable signs of the malignant character of the disease. This, together with its general development over the system, rendered an operation unadvisable.

The other eye retained its natural appearance. The expression of the child's countenance was placid, and it was apparently free from pain, but very pale from copious hemorrhages. A tendency to nodular formations on the top of the head, and other parts of the body was also noticed. The little patient enjoyed a good appetite, and its mental powers were as bright and active as ever.

Figures 2 and 3 illustrate the progress the disease had made at the time of death. Figure 2 represents an anterior view, and figure 3 a side view of the appearance and extent of the lesion.

Medical treatment. March 24, Dr. C. Hering gave symphytum at first with some benefit; April 9, belladonna was given; April 29, thuja

s prescribed with benefit. For subsequent hemorrhage phosphorus s given. Hydrastis afterward without perceptible benefit.

In 1835 Dr. Hering treated a case of fungus medullaris of the ht testicle, which was cured with sulphur, given first in a low, then a high potency. Another similar case was cured with a single se of the same remedy of a high potency.

Dr. Hering's theory is that as fungus hæmatodes is the result of ease in the capillary vessels, producing extraordinary growth in sm, so medullary fungus is a disease located in the nerves, producing excessive formation of morbid nerve substance.

ARTICLE XI.

A Triturator. By Joseph E. Jones, M. D., of West Chester, Penn.

Several years since, after practice had made urgent demands my time, I felt the necessity of help in preparing the triturati used in daily rounds. To rub these preparations one hour each, they should be, takes more time than the general practitioner c spare. Being situated at a distance from a pharmacy, it was attend with delay and expense to obtain thence what was needed, expressage costing two or three times as much as the medici Many physicians further away find it utterly impossible to get remedy in anything like a reasonable time. To them this triturat will be of the greatest value.

Very few men have more hours unoccupied than a physicia hostler; but the labor is not always of the most reliable charact and they cannot be trusted with a mortar and pestle to do anythi like honest duty to the medicine. When a new man commences fir to rub with the pestle in his hand, he is sure to jump it from side t side of the mortar and throw the trituration over everything; or el when wishing to shirk duty, he will catch the pestle between hi thumb and finger, so as to move his hand, and use no muscular effort to produce any effect upon the preparation; simply winding around his hand while the base of the tool remains stationary. Thus, the preparation is worth but little more when the hour is ended than at the commencement of the operation.

How can we remedy this?

1st. By placing upon the pestle a weight whereby it would make a constant equable pressure upon the contents of the mortar.

2d. By supplying inexperienced hands with the ability to rub the trituration without spilling it.

3d. By having an arrangement so contrived that even the most lazy, by moving the hand at all, will break up the sugar of milk and combine the remedy with it.

If the physician attempts to make his own preparations, he soon tires after one or two hours constant use of unexercised muscles. The result is that he gives up the use of the preparation entirely or waits

until he can procure it from the nearest pharmacy, either of which may prove detrimental to his own or his patient's interests. This instrument is designed to supply a cheap, ready means whereby these difficulties may be obviated. It is so simple that it can be constructed by any carpenter; it is light, and when not needed is easily put aside.

The triturator is composed of two upright pieces, A—B, about six feet high, the upper part, A, which is but four or five inches wide and four feet high; the lower, B, is widened in order to receive the shelves, C, on which to place the mortar, D. The broad part, B, is two feet three inches high, and ten inches wide. Two shelves, C, C, are required to hold the mortar, D; the under one, C, supports it and bears the weight; it is mortised into the upright pieces and helps, with the upper one, to brace the machine. In the uppermost shelf, C, there is a hole cut exactly to fit the mortar, the upper side of the shelf being about one-half inch below its edge, the aperture being only large enough to allow the mortar to rest firmly on the lower shelf. If several mortars are needed of different sizes, the higher shelf may be made moveable and another substituted, having a different sized hole to fit the mortar desired. On the top of the upright sides of the same width, four or five inches, is a cross-piece, E, securely dove-tailed, in the center of which is a hole cut two inches in diameter, through which runs a round pole, F, one and three-quarters inch in diameter and four feet four inches long. This pole, F, should not fit the hole through the cross-piece, E, tightly, for there is a limited amount of motion required. In the lower end of this pole is bored a hole just the size of the lower part of the wood on the pestle, the knob on the top of this wood being cut down to fit tightly the hole in the end of the pole. Around this hole is set securely a smooth ferrule; the wooden handle of the pestle is now thrust tightly into the end of the pole. Should the pole be made of pine it will be too light, which can be remedied by boring a hole in the top and running into it a pound or two of lead. Care must be taken not to get it too heavy, or it will make the movement of the pole laborious; and not too light, or the proper trituration will not be performed, and the pestle will jump in its circuits around the bowl, making a very unpleasant noise.

The bases of the upright sides are firmly set into two pieces about three inches wide and two feet six inches long, which form a steady foundation; on this foundation is built a seat, G, which adds much to the comfort of the operator and aids in keeping the triturator from

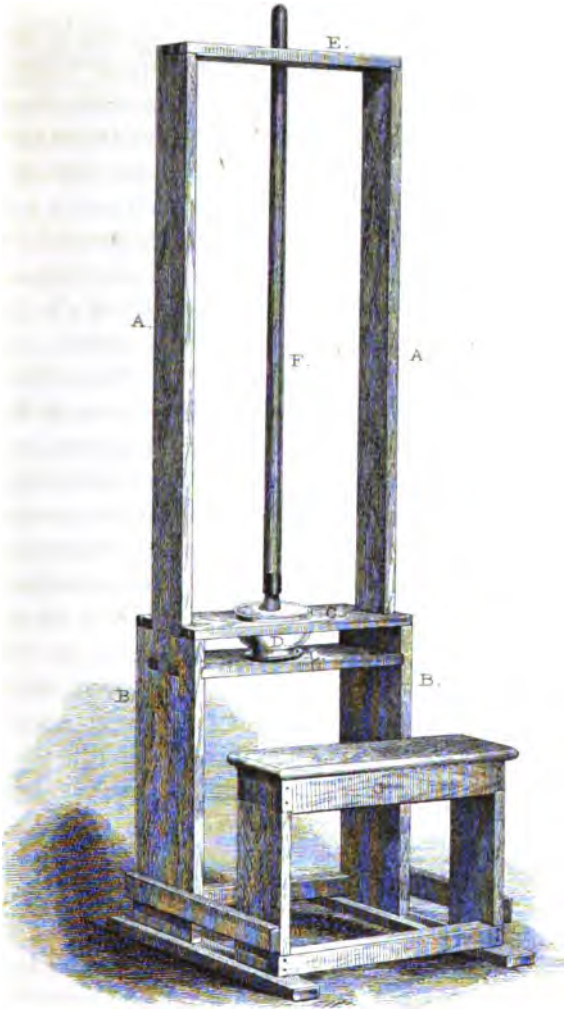
moving. I have found that the most convenient distance for it to be placed from the upright sides, is about seven inches; it should be eighteen inches high and six or seven inches wide, well braced with cross-pieces. There should be another cross-piece placed a little above the base connecting the seat and the uprights; this is best put on with screws and serves as a rest for the feet, which brings the whole weight of the manipulator to save the swaying of the machine.

There is a little improvement to be suggested to save noise made by the pole at the top. Small pieces of thin leather, run through the hole in the cross-piece, E, and tacked on the top and bottom of it, adds much to its quietness.

The operation is simple enough to be comprehended by any one. The only directions I generally give to a new man is, to "catch the pole around the ferrule, move the arm so that the pestle is always against the sides of the mortar and rub an hour."

Since using this machine I have had but little difficulty in keeping the supply of medicines needed, always on hand, and I believe them to be much better than the best manipulator can make by hand in the same time. Another source of great satisfaction is, I am confident of the remedies used. Generally I obtain the crude drug, the purest possible, and run it up to the sixth trituration; there are no doubts, then, as to the result, when the homœopathic remedy is chosen. This comfort alone has more than paid for the machine.

Hoping to give some fellow-practitioner the same item of contentment, I send this to your valuable transactions with a photograph of the triturator.



A TRITURATOR.

ARTICLE XII.

Clinical Experience. By Walter Williamson, M. D., of Philadelphia.

Clinical experience in medicine is that kind of knowledge which is derived from the treatment of the sick. It is rendered desirable from the circumstance that events which have occurred in the past, may again take place under similar circumstances in the future. Repeated observation of a phenomenon and its attending relations is necessary before the principal or operative cause can be satisfactorily conceived of by the mind of a physician. A single observation is not sufficient to establish the correctness of an opinion formed of a phenomenon; nor is it safe to give full credit to deductions drawn from apparently well established facts in medicine, without repeated confirmations.

The task of collecting any considerable amount of truly trustworthy clinical experience is a difficult one. But the acknowledged difficulty ought not to prevent an earnest effort being made to obtain a large portion of the practical experience now possessed by living physicians of the homœopathic school. There is undoubtedly a vast amount of unwritten experience of the most valuable kind in the minds of the practitioners of our school, which ought to be drawn out and published for the benefit of the profession. And any one who will institute the best means of bringing out these treasures of knowledge will be entitled to the thanks of all interested in the results. The formation of medical societies, and whatever other means that can be adopted to bring the practitioners of our school into social and friendly relations with each other, will promote the end in view. The remarks of physicians made at the meetings of the medical societies should be reported in the journals. Hitherto much valuable information and experience has been lost to the profession by neglecting the labor necessary to give it both permanency and currency through the press. Practical knowledge of incalculable value is often withheld, from the want of opportunity to make it known, and the proper assurance that it would be appreciated if offered. Hypocriticism and unwarranted condemnation of opinions and practice, by bears of the quill, in the profession, has prevented many physicians well qualified for the work, from both speaking and writing out their

clinical experience. Others are deterred from giving their opinio on practical subjects because their views differ from those general held by their fellow practitioners. All such objections should be l aside, and every sincere advocate of the doctrines of Hahnemann medicine, should record his clinical experience, and, as opportun offers, make it known to the profession, as a sacred duty, with t assurance that he has a right to form his own opinions, and is en tled to the respect of those who hear them. There was a time wh *opinions* were in danger of being adopted as *principles* in practi medicine, but that time is passed. Opinions should not be reject without suitable consideration. For mere speculations have often l to the discovery of fundamental truths in science. In the collecti of clinical experience, the fear of receiving observations which, up further examination, may prove to be erroneous, should not preve us from receiving them on the probability of their truthfulness; for this way some of the most valuable contributions to science have be realized. We now have a great many skillful workmen engaged the elaboration of the system of homœopathic architecture, and lit fear need be entertained of the final triumph of correct princip over the opposing elements of falsity and error. The course of pr cedure should be, to gather up the constituents of the fabric, exami all things offered, and hold fast that which is good.

There is a large amount of clinical experience scattered throug our periodical literature which should be gathered up and system tized; much of it is sound in principle and available in practice while some of it needs further examination and confirmation. It evident from the phraseology and conditions of some of the printe clinical experience, that the observations were made on purpose to b published; but no matter; old birds are not often caught with chaff. The kind of clinical experience most needed by the profession is tha which comes of enlightened experience and intelligent observation in matters of fact. It is not necessary that the incidents recorded should be of rare occurrence, or of startling character to meet with a hearty welcome to the pages of our literature. No matter how common and simple the offerings, if they are formed from rational convictions, they ought to be recorded. The fear of making statements often made by others before, should not prevent the records of familiar cases being made. In many instances, we need line upon line to confirm and illustrate the truth, on doubtful points.

There are many ways in which physicians may be deceived in

regard to clinical cases. Patients sometimes make wrong statements (often unintentionally) concerning the history or previous treatment of their cases, and these garbled accounts find their way into the journals. In other instances new converts to homœopathy, both physicians and patients, in their enthusiasm for the right, use extravagant expressions in the relation of their experience. The favoritism of certain doctrines will sometimes warp the tenor of an otherwise valuable report. The formation of cliques, and servile obedience to authority, sometimes prevents a full expression of the honest convictions of an observer. Some persons publish their observations, and report cases without any point in the treatment, merely for the sake of the notoriety it gives them. Others are chiefly interested in things that are new and wonderful, a trait often manifested in reports. But there is another means of deception which leads to far more serious results than any yet mentioned, *i. e.*, the duplicity of patients. They sometimes report themselves cured, either to get rid of the doctor without offending him, to save expense, or for the purpose of employing another physician, when they are not cured at all. Such cases are sometimes published as cures, and quoted in evidence of the truthfulness of particular doctrines, and the success of a certain kind of practice. All such things tend to disturb the harmony and destroy the confidence that should exist between physicians, without adding anything of value to our clinical experience. The charge of publishing such cases is not made against either wing of the homœopathic school in particular; both have done it, because both have been deceived. An honest man of any faith would scorn to do such a thing.

Every competent physician has an unquestionable right to hold just such views on medical subjects as may be warranted by the honest convictions of his own mind, and if he expresses them in suitable language is entitled to the respect of his compeers. It is a matter of no more astonishment to see a difference of views about medicine than about other things. Intelligent men may take different views of the same occurrence, and draw different conclusions from the same premises, without being chargeable with either ignorance or dishonesty. In matters of experiment, if a faithful record of all the incidents and circumstances be made, the true state of things will sooner or later be manifested, whether favorable or unfavorable to the views of the experimenter. Expressed opinions, like water, soon find their true level, and after a while will pass for

just what they are worth. It is true, much useless twaddle has found its way into our literature through indulgence; but it is also true that much valuable matter has been withheld from the press because of the reckless disregard of truth and fairness which has been exhibited by some of the self-constituted critics of our school.

A very valuable means, not in common use, for collecting clinical experience is by the circulation of portfolios among physicians when they cannot be formed into medical societies. Each one records his experience, making special note of verified symptoms of old and well proved remedies, as well as new symptoms cured by both old and new remedies, and distinguishing such as appear to be characteristics or key-notes. This plan was tried in Philadelphia several years ago with good results.

The attention of some of our best workers in the field of materia medica is at present directed towards the concentration of the knowledge of drug symptoms, and through their labors we may hope soon to be able to find indicated remedies by means of a systematized arrangement of characteristics and key-notes, with much less labor and more certainty than we can now do by thumbing over all the pages of our bulky, but not too large, materia medica. The preference of one over other indicated remedies, however, must always be decided by a comparison of the symptoms of each in the materia medica itself.

ARTICLE XIII.

Hydrothorax. By I. T. Talbot, M. D., Boston.

There are few conditions more clearly or precisely indicated by physical signs than the accumulation of fluids in the thoracic cavity; and yet is is only within a short time that the subject has been generally understood by the profession, and auscultation and percussion have made its diagnosis easy. But even now physicians sometimes treat this disease, day after day and week after week, as "some obscure affection of the chest," which, proving fatal, requires an autopsy to discover a chest filled with water, and a lung in a state of complete collapse, approaching atelectasis. Within a month I have seen two cases of somewhat extensive serous effusion, the result of chronic pleuritis, which had been treated for *tuberculosis* by physicians who consider ignorance the prerogative of the homœopathic school!

The same principle, which, by the difference of sound, tells whether a vessel is empty or full, when applied to the chest, will, with the aid of certain other conditions or physical signs, tell whether or not water is contained in the pleural cavity. If on percussion there is a clear, resonant sound, we know, whatever may be the other symptoms, that there is *not* hydrothorax. If, on the other hand, this sound is dull, flat, leaden, like striking on the thigh, then the physician should at once determine if the pleural cavity contains water. There is but slight difference in the sound, if the chest is filled with a solid body, such as hepatized lung or an intra-thoracic tumor; but the positions of solids and liquids would be very different, for inflammation or a tumor may be developed in any part of the chest, but it remains in a fixed position; while water, on the contrary, always seeks the most depending place, and changes its position according as the patient is standing or lying. Consequently, when water is present, there will always be a dullness in the lower part of the chest, which will extend upward just in proportion to the amount of water. With the increase of the water, the lung is driven upward and backward, and the respiratory murmur becomes less and less distinct, and ceases when the cavity has been so filled as to force the lung into a state of

collapse. In this condition, there is no difference in sound on percussion from a complete hepatization; but, aside from the history of the case and the previous symptoms, there is one unmistakable diagnostic sign. In pneumonia, the size of the chest is not changed; in hydrothorax of this severity, the affected side will measure from the middle of the sternum to the spine, from one to one and a half inches more than the other, while the intercostal depressions will be filled or even bulge out. This latter symptom might, at first sight of the chest, be confounded with emphysema or pneumothorax; but in both of these diseases, the resonance is increased instead of diminished. Cancerous tumors, which are the most common ones within the chest, are usually accompanied by evident cachexia, while other tumors, such as enlargement of the liver or spleen, abscess in the thoracic walls or pericardial effusion, have all their own characteristic symptoms.

Hydrothorax is, by many writers, limited to that form of dropsy of the chest, which, like anasarca or ascites, is dependent on some structural lesion of the liver, heart or kidneys, while the more common form of serous effusion, resulting from acute or chronic pleuritis, is not included. I cannot see why this distinction should be made; for in either case, hydrothorax is not in itself a disease, but merely the result or effect of disease. Cases, however, frequently occur, in which there seem to have been previously none of the structural changes mentioned, nor were they occasioned by any of the exanthemata. Without any fever or pleuritic pain, or marked symptoms of any kind, the patient finds himself with panting respiration, and obliged to stop on going up stairs, is easily tired, and feels as though he were carrying about a load. An examination reveals a well-marked hydrothorax.

I propose to merely sketch a few such cases, giving some peculiarities of each.

CASE I.

S—— C——. A printer, twenty-six years old, fair complexion, light hair, blue eyes. His mother died ten years and a brother two years before, with consumption. He consulted me in the winter of 1855. He had been married but a few months, and, to meet his increased expenses, had done twice his usual amount of work for some weeks. He had felt very well, and had a good appetite till within a day or two, when it suddenly failed, and he now felt very weak, and scarcely able to go up stairs. He could walk readily on level ground, and

work moderately at type-setting. A physical examination revealed extensive effusion in the right pleural cavity. This unexpected condition caused considerable alarm to the patient and his friends, and, with my consent, he consulted a physician of considerable celebrity in chest affections, who not only confirmed my diagnosis, but told him that the water must be removed immediately, as this was his only chance of recovery; and that to trust his case to homœopathic treatment was fool-hardiness. Furthermore, he stated that homœopathy never did and never could cure a case like this. The patient continued under my care, and without any operation steadily recovered under the action of apis, arsenicum and sulphur. He entirely regained his health, and lived eight years afterwards, when he died of tuberculosis.

Case II.

J—— W—— C——. A strong, healthy lad of fourteen years took cold from slight exposure, and had a sharp attack of acute pleurisy in 1858; inflammatory symptoms were removed by aconite and bryonia, but a very extensive effusion of both sides followed. He was unable to lie down, and the dyspnœa was excessive even in an upright position. Exacerbations occurred at intervals of from four to six hours so severe that it seemed impossible for him to live.

Paracentesis was suggested, but strenuously opposed by the family, who felt that his recovery was doubtful under any circumstances, and they preferred that he should die without an operation rather than with one. He continued for more than a week in this critical condition. The countenance was livid and distressed, the pulse small and rapid, skin dry and hot, with occasional coldness of the extremities, urine scanty and high colored. Apis, arsenicum, tartar emetic, bryonia, sulphur, phosphorus, squilla, senega, ipecacuanha and veratrum viride were used with little benefit; but the tincture of asclepias syriaca seemed to give relief to the breathing, and the amount of urine increased considerably. He gradually recovered, and during convalescence, sulphur and tartar emetic aided more than any other remedies in restoring his lungs to a natural condition.

Case III.

In 1859, I was called to make an autopsy in the case of a man in a neighboring city, who had been sick some two or three months, and had been under the treatment of three or four physicians, who

had differed very much in their opinion of the case. On section, the left chest was found to be completely filled with rather dark, amber-colored fluid, and the lung in a state of complete collapse. It was quite firm and solid, and about the size of the two fists. Inflation completely restored the lung to its natural size and color. On the right side were found old, pleuritic adhesions, with considerable recent inflammation, and about two quarts of semi-purulent matter, with considerable plastic lymph. The lung was dotted with spots which, at first sight, resembled inflammation, but which disappeared by careful inflation, showing that it was simply lobular collapse. There was no disease of the lungs, heart, liver or kidneys.

CASE IV.

In 1861, S—— R——, a young man, twenty-four years old, of phthisical habit, suddenly found himself, without any known cause, suffering severely from dyspnœa. He applied to his physician, who at once detected an extensive effusion of the left pleura. Medicine seemed to produce no relief, and on seeing the case, in consultation with him, I performed paracentesis, and removed about two quarts of light, amber colored fluid. Relief immediately followed, and the effusion did not return.

CASE V.

In 1863, I was called to see Mrs. L——, aged forty-five, who, in an advanced stage of tuberculosis, had a sudden attack of dyspnœa, with unmistakable evidences of an effusion in the right chest. My first thought was, that a vomica might have opened into the pleural cavity, and discharged pus; but a careful examination of the symptoms convinced me that this was not the case, and that an operation would give relief. The trocar was inserted, and about two quarts of clear light-colored liquid, without any appearance of pus, was drawn off. She was much relieved by the operation, and her phthisical symptoms were not aggravated.

CASE VI.

L—— M——, twenty-six years old, clerk in a store, where he had been closely confined with overwork at the close of the year; was attacked, in February, 1866, with fugitive pains in the chest, accompanied by great loss of strength and difficulty of breathing. These symptoms increased until he was unable to leave his room. He could not lie down, but was obliged to sit erect, or in a semi-reclin-

ing position. It was difficult for him to talk, and severe dyspnœa occurred in paroxysms. There was complete dullness of the right side, which measured an inch and a half more than the left; the intercostal spaces projected in a marked manner; the respiratory murmur was absent; the liver was pressed below the costal line; and the heart was crowded out of place on the left side. Respiratory sounds in the left lung were distinct, although the lung evidently suffered from pressure. His whole condition indicated the necessity for immediate relief. Paracentesis was performed, and nine quarts of clear amber-colored fluid were gradually removed, and, by encouraging efforts at coughing and full inspiration, the lung was completely dilated. Very little inflammation followed, and there was but slight return of the effusion. In three weeks the patient was sufficiently recovered to return to his business. He rapidly gained his strength and his flesh, and has since been quite well.

Case VII.

T—— F——, a merchant, consulted me in November, 1866. He was a young man aged thirty-two, of nervous temperament, light blue or gray eyes, auburn hair, and tubercular diathesis. He had but quite recently established himself in business, and in his efforts had greatly overtaxed his strength. Without any previous noticeable symptoms, he experienced difficulty in going up stairs; being obliged to stop to breathe. He was feeling nervous, fretful, and easily fatigued; was drowsy, with unrefreshing sleep; his appetite had left him, and his chief desire was for acids; he had some pain in the chest, with a sensation of weight and oppression; he had a slight hacking cough, but without expectoration; complete dullness and almost entire absence of vesicular murmur; the intercostal spaces were somewhat prominent, and an enlargement, to the extent of an inch and a half, of the left chest, determined an extensive pleuritic effusion. I prescribed apis and arsenicum, administered alternately, enjoined rest, and supposed that an operation would be required. In a week he returned. He had continued about his business, riding daily on the railroad to and from his home, sixteen miles. There was little change in his symptoms. He thought he could breathe a little better, and the intercostal bulging was perhaps slightly lessened. He felt rather stronger, and his appetite had somewhat improved. I continued the same medicines, and for three weeks he steadily gained; his breathing was better, the vesicular murmur

more distinct, cough lessened, the side had decreased in size m than an inch, his appetite had returned, and he called himself well. have seen him several times since for other and slight troubles, b he has had no return of this difficulty.

I have purposely excluded from this list cases of hydrothorax a ing from organic diseases of the lungs, heart, kidneys or liver, or th which might be considered the sequelæ of exanthemata. With th exception of case II, I have also avoided those clearly arising fro acute or even chronic pleuritis. Such cases are of course very co mon, and must necessarily modify essentially the treatment; but i the class of cases mentioned, where the effusion is attended with b little inflammation, or feverish condition, I have found arsenicu and apis given alternately in the early stages, and the subsequen administration of sulphur to be the most efficient medicines.

In regard to the operation of paracentesis, I think it may often b employed with advantage as an adjuvant to treatment. The system is at once relieved of an oppressive burden, and, avoiding the necessity of such extensive absorption, the reparative process goes on more rapidly and successfully. An operation in cases I and II might have hastened their recovery, while in case III, I have no doubt, it would have saved life. In case VII, although the effusion was very extensive, yet it yielded so readily and completely to the medicines as to render an operation unnecessary.

The operation is not a difficult one. The patient is put in a semi-recumbent position, with his back toward the operator; the point of election is usually between the fifth and sixth ribs, about half way from the spine to the sternum; a slight division of the skin may be made by a scalpel, and the trocar is firmly thrust through the intercostal space, care being taken to avoid wounding the intercostal artery by keeping the instrument close to the upper edge of the sixth rib. It was formerly deemed of vital importance to avoid the entrance of air into the pleural cavity, but many surgeons of the present time do not consider this especially dangerous.

For several years I have used the trocar with the convenient pump attachment made by Tiemann, which, if that be any advantage, avoids the introduction of air, at the same time it enables the operator to control the rapidity of the removal of the liquid (which, in a collapsed condition of the lung, may be of considerable importance), to withdraw more than might be forced out by muscular action, and also to remove pus or fluid too thick to run freely through the canula.

A valuable paper on the subject of hydrothorax was presented at the meeting of the American Institute of Homœopathy, held in June, 1868, by S. M. Cate, M. D., of Salem, Mass., in which he examines very carefully the pathology of this disease, and makes important suggestions in regard to treatment. It is published in the volume of Transactions for that year.

ARTICLE XIV.

Entozoa. By D. G. Woodvine, M. D., of Boston.

I propose to discuss the subject of intestinal worms, by considering the origin and development of those which most frequently occur, their relation to a certain class of diseases, and the best manner of keeping the system free from them; but not, at this time, the mode of exterminating them after they have obtained a lodgment in the human body.

The two species met with in private practice more commonly than all others, are the ascaris lumbricoides and the oxyuris vermicularis, the former known by the name of round worm, the latter by that of pin worm.

There is still another species which has occupied the attention of the profession considerably of late, and which, from its fearful effects, will be likely to command their attention more or less in the future. I refer to the trichina spiralis. (Fig. 1.) This worm was first discovered by Owen in 1835, in human muscles taken from the dissecting room, and so named by him from its being as fine as a hair and always coiled up more or less in a spiral form. Prof. Leidy, of Philadelphia, discovered it in pork, and has given to it, in its encysted state, the name trichina affinis. From Küchenmeister's suggestion in regard to the similarity of anatomical structure, this worm has until recently been considered the larva of the trichocephalus dispar; but from observations made by Leuckart, published in 1866, this was proved to be incorrect. Leuckart maintains that the trichina spiralis, as found encysted in a muscle, is the immature form of a small nematoid worm. (Fig. 4.) It is incapable of generation even when not encapsuled, except after being introduced into an intestine. If it be encysted, the capsule is dissolved, after being swallowed, and the parasite remains in the intestine, where it rapidly grows to three or four times its former size, and within two days attains its sexual maturity. (Fig. 3.) By the sixth day the female contains an abundance of minute young, which it begins to throw off viviparously. These perforate the intestines and at once commence to migrate to the muscular structures. Here they grow, but do not generate others. (Fig. 2.) A female trichina may remain in the

intestines for three or four weeks or even longer, and may, it is estimated, give birth to from 200 to 2,000 individuals. But while these find their way to the muscles, trichinæ that have been swallowed never pass beyond the intestine, and in six or eight weeks at farthest they will all have died and been discharged from the intestinal canal. From four to five weeks may be stated to be their average life. This interesting view of Leuckart is at present received by most naturalists.

The ascaris lumbricodes is an inhabitant of the small and large intestines, and is sometimes found in the stomach. In appearance, it resembles the common earth worm, and varies in length from two to twelve inches. (Figs. 5–10.) Küchenmeister maintains that the sexes are in different individuals; the male is distinguished during life from the female, by being bent round like a hook, and sometimes exhibits, at a short distance from the tail, a pair of white delicate projecting hairs, the external organs of generation. The female is slender and spindle-shaped, having a constriction at the outlet of the generative canal, which is at about one-third of the distance from the head to the tail. The females are the most numerous. Sometimes they are evacuated singly, at other times in large numbers, being entangled in a knot. In regard to the origin of this species, we are without any certain knowledge. "In Europe," says Bilharz, "as far as I can remember, they ascribe the ascarides and oxyuri to bad flour and bread; and in Egypt the common people, who feed principally on vegetables, and indeed, for the most part, on raw leaves and roots, are especially troubled with round worms. People who eat largely of vegetables, and live in low and damp districts, are said to be troubled with ascarides most frequently. It has been suggested by some authors that they have their origin in the intestinal mucus.

Dr. Stokes thinks they are the result of spontaneous generation, "the result of one organization taking place within another—the production, in fact, of a distinct being." Hunt and Marcy say: "The theory of Bremser and others is, that intestinal worms are formed by the presence of semi-assimilated nutritious matter in the digestive tube. Food taken into the stomach under ordinary circumstances is converted into a substance fitted to supply the waste and wear and tear of the living body; and, when this process is not perfected, it is not taken up by the absorbents, and is then converted into animal substance; this theory explains why worms so frequently occur in cases where the assimilating powers are weak, in persons who have great appetites and weak digestion, and in children with diseased

mesenteric glands." This theory stands in opposition to the belief of the best helminthologists and the most enlightened naturalists of the present day.

The ancient dogma, *omne ex ovo*, so many times rejected by naturalists in their desire for an easy explanation of the presence of these parasites, has never been successfully assailed, and will ultimately be found impregnable. It is not reasonable that any living individual or species could form itself, or be formed from lifeless matter, except by supernatural manifestations. Prof. Leidy says that, independent of such manifestations or agency, "the most prolonged and closest observations, and the most carefully conducted experiments, have not led to the proof of a single instance of spontaneous or equivocal generation, even of one of the simplest of all living beings; but, on the contrary, they all lead us farther and farther from, or entirely disprove it, and thus involve the whole subject in obscurity." That food in a semi-assimilated condition, with the presence of mucus in the intestines, may be a nidus favorable to the development of parasites, I do not doubt.

I am indebted to the valuable treatise of Marcy and Hunt for many suggestions in regard to the symptoms produced by these inhabitants of the alimentary canal. Intestinal worms cause many of the spasmodic or convulsive diseases. By irritating the nerves of the primæ viæ, they may produce chorea, catalepsy, tetanus, paralysis or convulsions. From the same cause, we may have consumption, chronic spasmodic cough, dysentery, remittent fever, pleuritic and rheumatic pains, also, in children, hydrocephalus.

The presence of worms is commonly indicated by the pale and leaden color of the face, alternating with flushes of fever; dull and heavy appearance of the eyes, surrounded with a bluish circle; pupils, dilated or contracted; tumid condition of the lower eyelid and upper lip during sleep; itching in the nostrils and picking at the nose; dry spasmodic cough, and palpitation of the heart; foul breath; irregular and depraved appetite; abdomen swollen and hard, accompanied with constipation or diarrhœa; evacuations unnatural, slimy, fetid and accompanied with colicky pains in the abdomen, and borborygmus; disturbed sleep, during which the patient grinds his teeth, is inclined to lie on the stomach, and screams out as if frightened; general debility, loss of muscular tonicity, convulsions, and paralysis.

We know but little more of the origin of the oxyuris vermicularis,

than of the ascaris lumbricoides. (Figs. 11 to 18). We have no proof that they live outside the body for any length of time. They exist, male and female, in the rectum and lower part of the descending colon, and are sometimes found in the stomach and small intestines. Küchenmeister says, "they are apparently capable of an active migration, even when mature and sexually developed; they prefer performing these migrations at night. They migrate from the child affected to others, sleeping in the same bed. That pin-worms crawl out of the rectum into the vagina of little girls is a fact known to the oldest surgeons." The females are the greatest wanderers, and one pregnant female escaping from its place of development, into another intestinal canal is capable of infecting it; thus a whole family, especially among the poorer classes, where parents and children occupy the same bed, become victims of oxyuri.

The conditions of the system which favor the development of the round worm, may be said also to favor that of pin worms. The female (fig. 15) is much larger than the male and apparently exists in much larger numbers. The old idea, that the male could scarcely ever be found, was, however exploded by experiments of Zenker. He examined diarrhœal fæces and mucus, spread upon a glass plate and held up against the light. Thus he discovered large numbers of the male worm (fig. 14), by the aid of a lens and even with the naked eye. They are very small and thread-like, and may well be called thread-worms, as they sometimes are. The oxyuri vary in length from one-fourth of an inch to an inch; they move with great celerity, and when touched, contract to nearly one-half their usual length. They are of a yellowish white color, and are very common, being often discharged in incredible numbers.

The symptoms that indicate their presence are irritation and intolerable itching and pricking pains with swelling of the rectum. Sometimes the rectum is inflamed, and bloody discharges with tenesmus follow. The itching and pricking occur particularly at night. If certain kinds of food, especially carrots, onions, fruits and the like, are eaten profusely, they make the worms restless and the itching will continue during the whole day. After puberty, this intolerable itching sometimes results in sexual irritation and self-abuse, especially in the female, where the worms have crawled out of the rectum into the vagina. Leucorrhœa is another result in this last case. Some may feel disposed to take advantage of the fact that worms produce sexual excitement, to justify themselves in the practice of evil habits;

but if any are disposed to hide their guilt behind such a plea, their position is a false one. They seek to make the occasion of their self-abuse its cause. It is true that cases of self-abuse, occasioned by irritation from parasites in the rectum or vagina, require of the practitioner a leniency and consideration not applicable to those arising from a depraved state of morals. We should remember that in all cases of evil habits the legitimate cause is in the culprit. The guilt lies in a neglect or unwillingness to use the will in combating external influences.

It is possible that this itching and pricking pain in the rectum may be accounted for by observations recently made by Mr. E. C. Haserick a chemist of Lake village, N. H., with whom I have had an interview. Mr. Haserick claims to have made a new discovery in regard to the manner in which some intestinal worms in horses and other animals are propagated. He has observed that light and air are necessary to accomplish it, and the female avails itself of such means, finds its way to the lower portion of the rectum, protrudes the vulva beyond the sphincter ani, while it holds on, or grasps the mucous membrane within, and discharges its eggs around the anus; these are hatched in the short space of five or six hours, and make their way into the rectum. He has applied many remedies to destroy the larvæ, but without success, until he made the simple application of lard around the anus. This he has found efficient in every case. By renewing the application two or three times a day for a week the surface is completely protected, and the egg has no nidus for development; consequently, as the worm is short-lived, in the space of eight days the animal is freed from parasites. Encouraged by his success with animals, Mr. Haserick, supposing worms in children to be propagated in the same manner, recommended the use of lard in the same manner, and, as he reports, with equal success. I shall endeavor to investigate this matter, in a manner that will prove the truth or fallacy of this statement. Some observations which I have already made induce me to believe Mr. Haserick's theory is the correct one regarding the propagation of worms in animals.*

*After many attempts I succeeded on the 15th, 16th and 17th of January, 1869, in satisfying myself that the method by which the oxyuris vermicularis propagates its species, is by depositing the ova outside the sphincter ani, and around the edge of the anus, where, in the space of a few hours, the worms are hatched and make their way into the rectum. In order to ascertain if the ova are thus deposited, I directed the parents of the child afflicted with the oxyuri, a few minutes after a paroxysm of itching and pricking pain in the rectum had subsided, to take a piece of damp black silk, and, wiping the anus of the child with it, fold it and send it to me. To the naked eye nothing appeared on the silk more than a little mucus. This I placed in a microscopic cell and under a one-fifth objective found that, on several occasions, I had succeeded in obtaining large numbers of the eggs, thus confirming the observation of Mr. Haserick.

I desire now to make a few deductions from what has been said ith regard to parasites, in their relation to disease. We have seen at they produce a variety of diseases. It is well known that when practitioner has taken the totality of the symptoms of his patient, e seeks in the materia medica a corresponding drug symptom, so at the law of *similia* may be applied to the cure of the disease. After repeated trials, in some cases, he finds his efforts to aid nature throwing off the disease unavailing. He asks, why the failure are? The drug has been chosen in accordance with the law of *similia* and he looks with Hahnemannian faith for an early modification of the disease. The expected relief does not come; nor can it, until the obscure cause has been removed. An effect may continue for some time after the cause has been removed, especially where that cause has been so long present as to extensively debilitate the system. But in most cases where the exciting cause has been removed, there will be no trouble in bringing the system into a normal condition by the application of drugs in accordance with the homœopathic law.

In the treatment of chronic diseases, it may often happen that we can ascertain the present condition of the patient and yet may prescribe in vain the remedy called for by the symptoms. There is a large class of diseases, the phenomena of which indicate at once their cause; we are generally successful in curing them. The reason for this success is a knowledge of the phenomena, cause and appropriate remedy. Not so in regard to the class of diseases mentioned as the effect of parasites. We are to remember that, although all these symptoms may occur from other causes they may also be produced by parasites whether fully developed or not; and when the proximate and more common causes have been explored without avail, we should at once proceed to seek the more remote. The way to the desired information may be difficult, laborious and unpleasant, but if we finally succeed all the labor and annoyance is well rewarded. Our success in the treatment of a certain class of diseases, whether simple or complex in their character, will be generally, in proportion to our success in finding out their causes. That there may be diseases the causes of which we can never know during the life of the patient, no one will for a moment doubt. The cause may be parasites in some stage of development. When the cysticercus cellulosæ finds its place of development in the brain, we have various spasmodic phenomena, but who can make a correct diagnosis? When the dis-

toma hepaticum produces inflammation and suppuration of the liver, and the inflammatory process extends to the lungs, producing cough, the hectic flush and emaciation, who is wise enough to correctly understand the cause? When a group of ascarides lumbricoides becomes entangled in a ball in some pendant portion of the intestine, producing ulceration of the mucous coat and abscess of the integument, are we not put to our wit's end? The lungs and heart sometimes furnish a lodgment for the cysticercus cellulosæ; and their development produces irritation and inflammation. It might not be too much to say, that in many cases where the six hooked embryo has been deposited in the lungs the inflammatory action may not always result in throwing out plasma which forms the cyst; but, on the contrary, give rise to suppuration and its concomitants, which are the phenomena of a certain class of diseases difficult to treat, and which frequently terminate fatally. The cysticercus cellulosæ in the heart would have a tendency to obstruct its valvular action and perhaps produce hypertrophy.

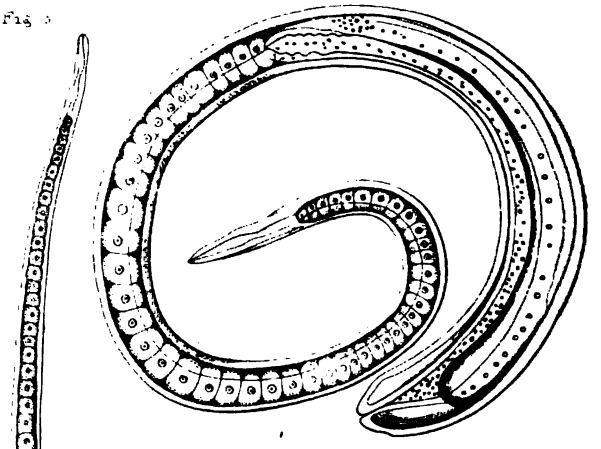
We have positive proof that some parasites are brought into the system in the food we eat, and often in a way so subtle that it is no wonder that cautious naturalists have been driven to account for their presence by the indefensible theory of spontaneous generation of animals of low type out of semi-assimilated food in the digestive tube. Hence they conclude that the mysterious presence of other parasites admits a similar explanation.

Considering prevention better than cure, may we not ask with propriety, what means we can use to prevent their introduction into the system? Water, by the revelation of the microscope, is known to be frequently inhabited by animalculæ; these, on account of their exceeding minuteness may not appear of much importance; but we know that the impregnated egg may be there, and give rise to a thing of life. Water should be thoroughly filtered for drinking purposes, and no faucet should be used to draw such water from the hydrant without a proper filter.

Another vehicle for the introduction of parasites is found in vegetables and fruits, especially those eaten raw; such as celery, lettuce, radishes, onions, and all kinds of fruits usually taken as a dessert. They should be cleansed well, and thoroughly masticated. Let the germs of parasites be removed; or, if by accident they enter the mouth let them there be destroyed by crushing before reaching the stomach.

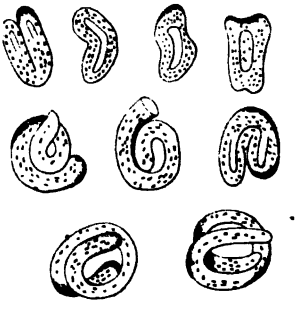
Fig 1.

Fig 3



Sexually mature female *Trichina spiralis*, from muscle.
(Highly magnified.) – Leuckart.

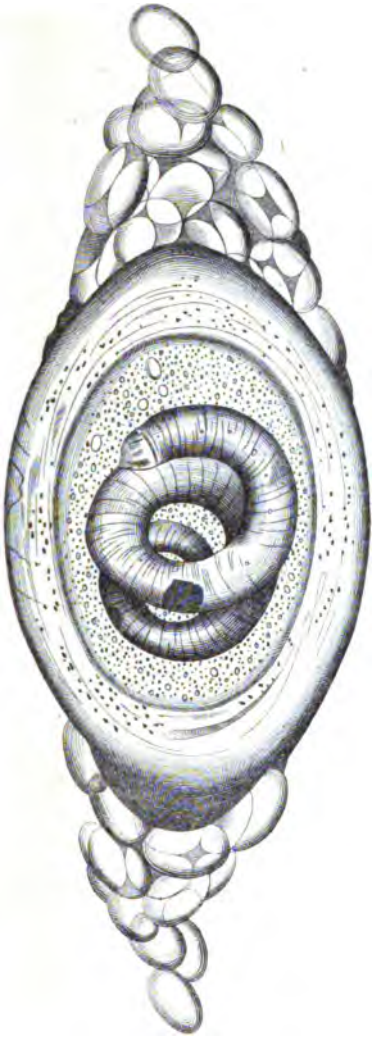
Fig. 2



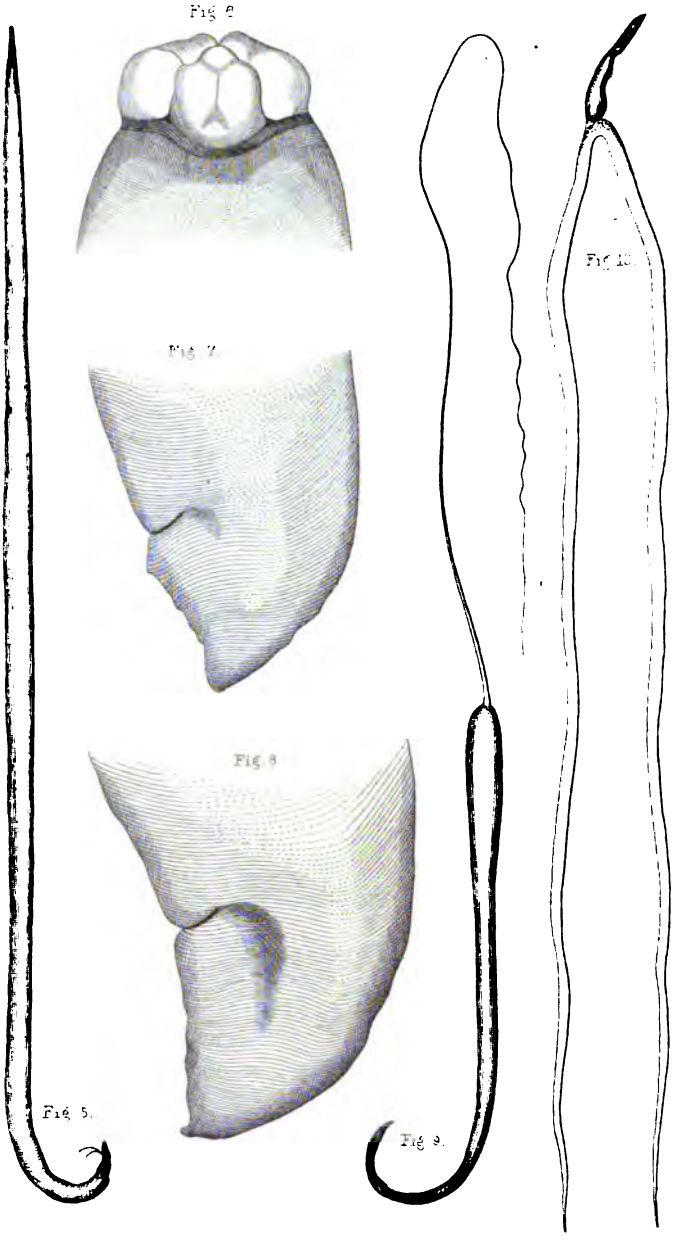
Sexually mature male *Trichina spiralis*.
(Highly magnified.) – Leuckart.

Embryos of *Trichina* in various stages of development.
(Highly magnified.) – Leuckart.

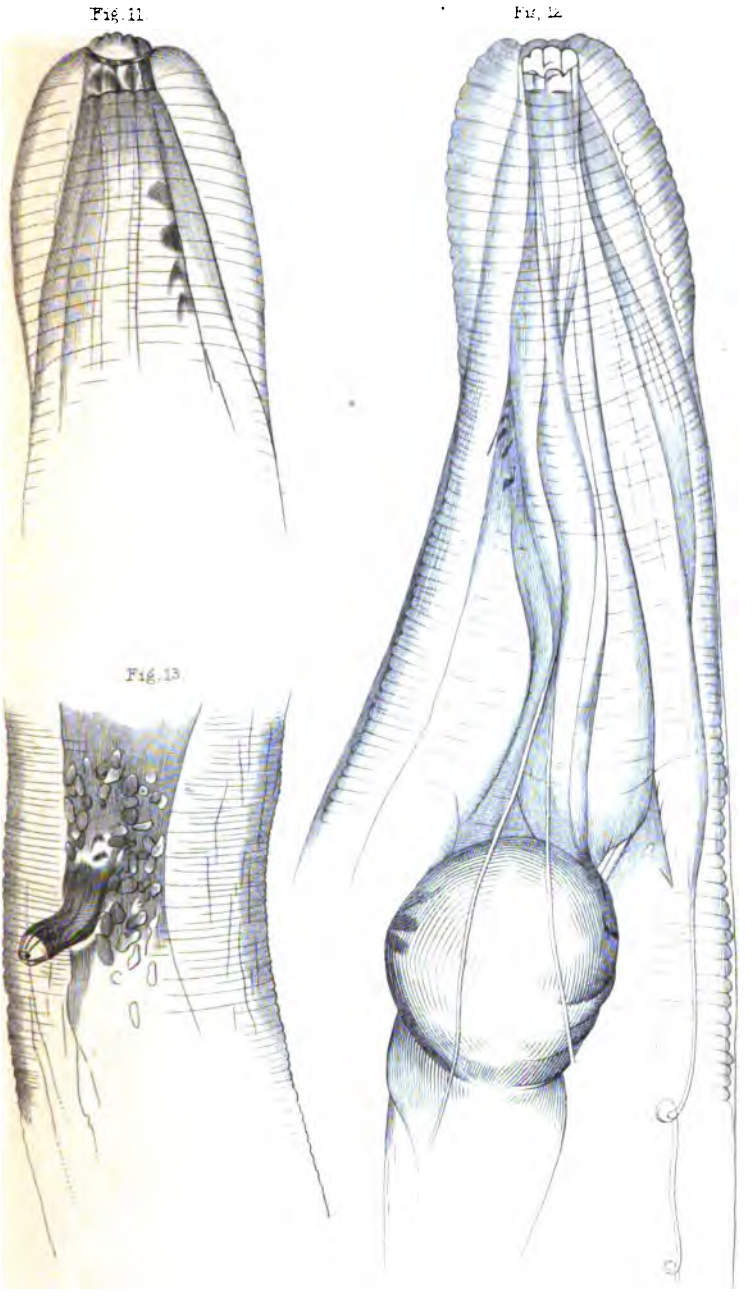
Fig 4



Highly magnified representation of *Trichina*, spirally coiled within its cyst.—Bristowe and Rainey.

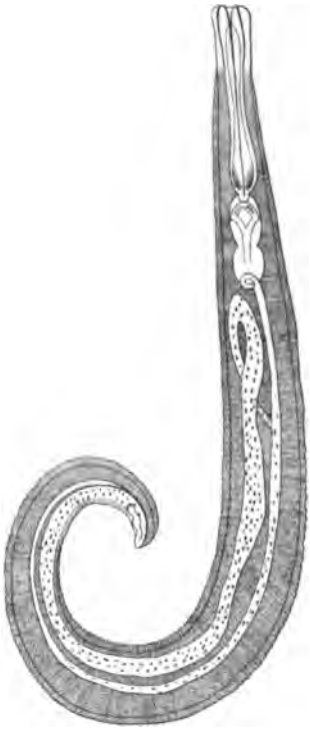


Ascaris lumbricoides, Linnæus.



Oxyuris vermicularis. Bremser

Fig. 14.



Male *Oxyuris vermicularis.*
(Highly magnified.) - Kuchenmeister.

Fig. 15.

Fig. 16.

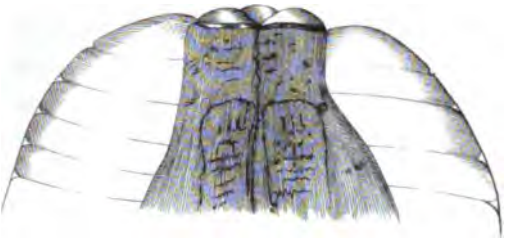


Fig. 17.

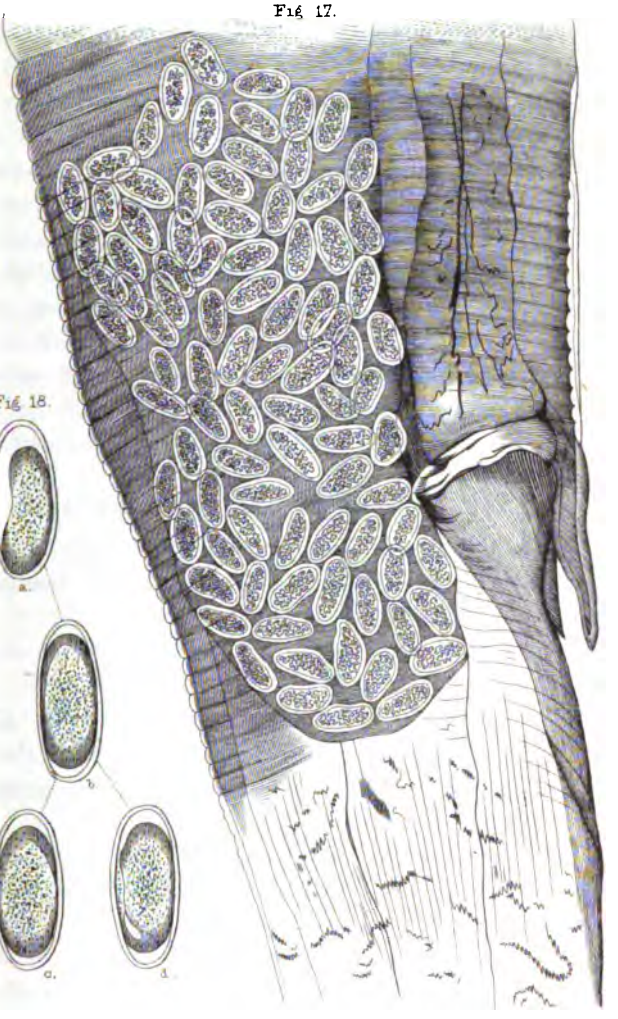


Fig. 18.

Oxyuris vermicularis Bremser
(Eggs and embryos.)

Meats and fish should be well cooked, if we wish to keep the system free from tæniæ and trichinæ. The superficial observer may say there is no use in this, it is only the meat that is infected with the cysticercus cellulosæ, such as measly pork, or with the trichina spiralis, oftenest found in that uncleanly animal, that will need to be thoroughly cooked. It may be true, that pork is a most fruitful source of parasites, but not the only one; and who is able, under the present laws of our markets, to tell whether he is buying good meat or bad? Some may feel disposed to argue that the indigestion produced by thoroughly cooked meat, will, in the end, be worse than the effect of the parasites in the intestinal canal. In my opinion, meats well and properly cooked would be less evil in their consequence than those that are only partially cooked, or such as have not been subjected to a temperature of 212 degrees. Government should provide competent inspectors of all slaughter houses, so that the masses might in a great measure be protected from the dangers to which they are now exposed, from disease or infected meats.

I have no suggestions to make regarding the treatment for the removal of parasites, as every physician should be well acquainted with the remedies known to be the most efficient.

Explanation of Figures 5—10.

5. A full grown male specimen of ascaris lumbricoides, showing, especially, the prominent mouth and double spiculum. Natural size.

6. Head of the same, exhibiting the form and position of the separate lobes of the lip. Ten diameters.

7. Tail of the male. Ten diameters.

8. Tail of the female. Ten diameters.

9. Vas deferens, seminal reservoir and pouch for the spicules. Slightly enlarged.

10. Uterus, uterine horns and commencement of the oviducts. Slightly enlarged. Cobbold, Pl. XVI.

Explanation of Figures 11, 12, 13.

11. Head of oxyuris vermicularis, showing the exserted trilobular lip, the commencement of the pharynx, the transverse lines and the lateral winged appendages. Two hundred and twenty diameters.

12. Head, neck and upper part of the body of the same, exhibiting the retracted mouth, the lateral alæ, the transverse markings of the

integument and the pharynx, æsophagus and upper part of the intestinal canal. Two hundred and twenty diameters.

13. Section of the body of the same, showing ova within the uterine canal, and the mode of termination of the vaginal passage. One hundred and ten diameters. Cobbold, Pl. XVIII.

EXPLANATION OF FIGURES 15—18.

15. Female oxyuris vermicularis, displaying the normal position of the digestive and reproductive organs, and the points at which their several outlets terminate. Twenty diameters.

16. Oral extremity of the same, showing the partly protruded lips, the lateral alæ and pharyngeal muscles. Four hundred and fifty diameters.

17. Section of the lower part of the body, exhibiting the mode of termination of the intestinal canal and numerous ova lodged within, in the folded extremity of one of the uterine horns. Two hundred and twenty diameters.

18. Ova; *a* showing the commencement of the embryonic formation; and *b*, *c*, *d*, the completed tadpole-shaped embryo in their interior. Four hundred and fifty diameters. Cobbold, Pl. XIX.

ARTICLE XIV.

Ten Cases in Surgery. By Professor William Tod Helmuth, M. D., of St. Louis, Mo.

I. Amputation of the Thigh.
II. Amputation of the Thigh.
III. Removal of the Superior Maxillary Bone.
IV. Rhinoplastic Operation.
V. Fibroid Polypi of the Uterus.
VI. Polypus of the Rectum.
VII. Tumor of the Left Mamma.
VIII. Resection of the Tibia.
IX. Resection of the Elbow Joint.
X. Lithotomy.

CASE I.

Amputation of the Thigh.—A girl aged fourteen years, who, for the past four years, from an injury received on the knee, became affected, as I shall detail.

The patient had been under the care of many physicians before she came to the hospital. The swelling of the knee joint was enormous. The tumefaction was not hard but doughy. On each side of the sesamoid the swelling was rather more protuberant and softer. The affected leg was scarcely one-third the size of the other. It was much diminished in temperature, being almost as cold as in death, and blue and mortified in appearance. All these symptoms indicated serious disease of the cartilages of the knee-joint, with more or less accumulation of fluid in the cavity of that joint. There was, evidently, some fluid in the joint, which I was disposed to believe was serum. I was fearful, also, that there was degeneration of the cartilages. The joint was perfectly useless, and motion of the leg impossible; in fact, it was a useless incumbrance, and demanded amputation. Figure 1 gives a good representation of the leg. Before, however, I resorted to this, I explored the swelling by means of a very fine trocar and canula, but as nothing passed through the canula I examined further in the following manner: Taking a knife with a long slender blade, sharp and double edged, I introduced it as far away from the site of the disease as possible, and passed its point

into the cavity. A bloody fluid, small in quantity, but thick in consistence, flowed from the wound.

I then placed the patient on good diet, and administered hepar sulp[8] every three hours. On the second day after the exploration, the whole leg began to swell and became erysipelatous, accompanied with high fever, flushed face, delirium, thirst, and all those symptoms of severe constitutional disturbance which are generally observed with erysipelas. I was not only alarmed for the welfare of the patient, but for that of others in the house who had undergone operations of various kinds.

I may here call attention to the peculiarly contagious character of erysipelas in a hospital, or rather susceptibility of those suffering from wounds to the disease. I well recollect my consternation when, after having performed a resection of the elbow joint before the class in our college, on going through the wards I found a case of erysipelas in a little girl in one of the lower rooms. Although every precaution was used, on the next day symptoms of the disease developed themselves in a boy from whom I had removed a half of the inferior maxillary bone about ten days previous. The patient from whom the elbow joint had been exsected died about the twelfth day. In the case of the little girl, I administered belladonna[30] every two hours, and in a few days she was able to undergo the operation of removing the limb.

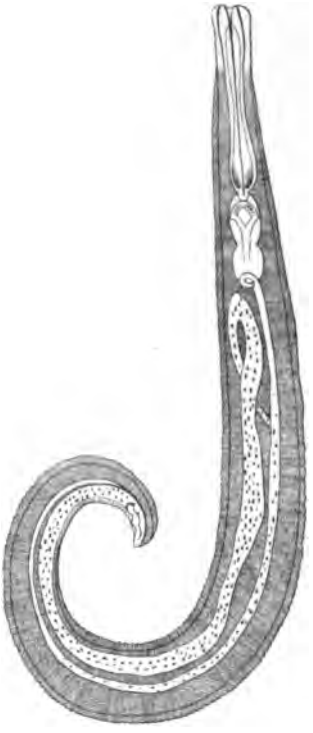
I shall now describe the operation. Having selected a point about the middle of the thigh, I pass a long double-edged knife above, and close to the bone, and bring it out to form a sufficient flap. The inferior flap is formed in like manner. The two-tailed retractor is now placed upon the flaps, and the saw applied to the bone. The hemorrhage was promptly arrested by the pins, which were removed on the morning of the third day, and though the tissues were somewhat infiltrated, the patient made a good recovery, grew fat from the time the operation was performed, and left the hospital shortly after. Upon a dissection of the leg, the condyles of the femur (figure 3), and the upper part tibia (figure 2), were found very much affected, the cartilages and ligaments much degenerated, and in part entirely destroyed.

The following table is from Professor Simpson's work on the subject, and will be of service, as showing wherein he considers the superiority of acupressure over delegation to consist:

Comparison between the Ligature and Acupressure.

Ligature.	*Acupressure.*
1. Requires isolation, and consequently some detachment of the end of the vessel from its vital organic connections.	1. Requires none.
2. Produces direct mechanical injury, bruising and lacerating of the two internal coats of the artery.	2. Produces none.
3. Produces strangulation of the external coat.	3. Produces none.
4. Leads on inevitably to ulceration or molecular destruction of the external coat of the constricted part.	4. Produces none.
5. Causes mortification of the artery at the tied point, and usually below it.	5. Produces none.
6. Produces, consequently, as many sites of ulceration and suppuration, and as many dead, decomposing sloughs in each wound as there are arteries ligatured in that wound.	6. Produces none.
7. If organic, as of silk or hemp, it imbibes animal fluids, which speedily decompose and irritate the surrounding living structures.	7. Requires only impervious metallic needles or threads, which are incapable of imbibing animal fluids.
8. Requires to produce the three highest stages of inflammation at each ligatured point, viz.: Ulceration, suppuration and mortification.	8. Requires to produce inflammation up to the stage of adhesion only.
9. Is not removable, except by slow ulceration and sloughing of the ligatured vessel, and requires a period of from four or five to twenty days or more for its separation.	9. Is removable in an hour or two, or in one, two or three days, at the will of the operator.

Fig. 14.



Male *Oxyuris vermicularis.*
(Highly magnified.) - Kuchenmeister.

Fig. 15.

Fig. 16.

Fig. 17.

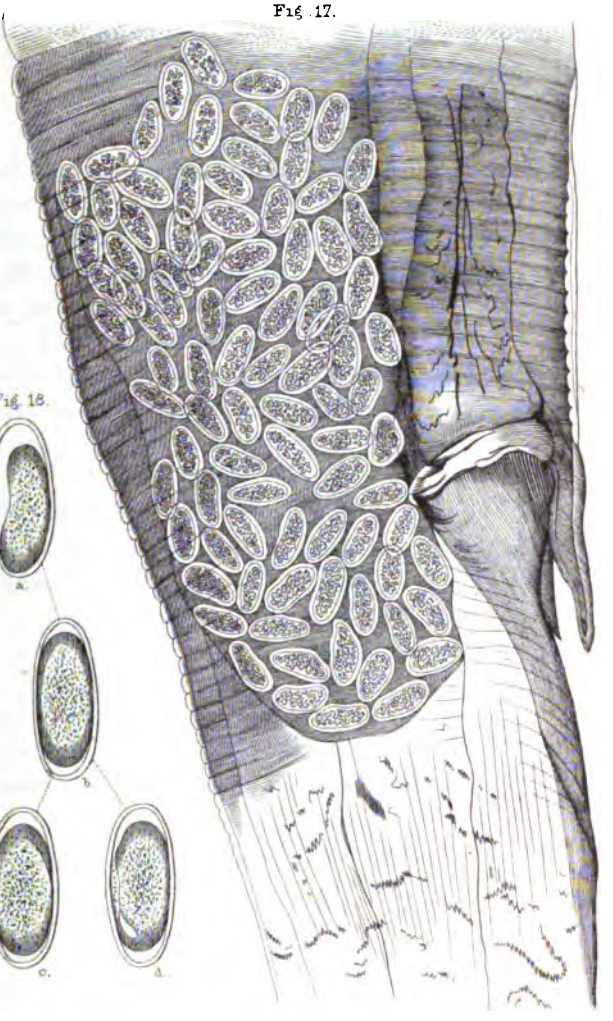


Fig. 18.

Oxyuris vermicularis Bremser
(Eggs and embryos.)

20. Is not unfrequently followed by surgical fever, from its leading to the formation and absorption of septic matters from the surface of the wound.	20. Is much less likely to be followed by surgical fever, because it does not lead to the formation of septic matter, and closes the veins as well as the arteries.
21. For these various reasons it makes primary union rarer, healing slower and heptic, or surgical fever, more frequent.	21. For these reasons it makes complete primary union more frequent, healing quicker, and heptic, or surgical fever, less common.

With these remarks, I will proceed to designate the different kinds of pins used for acupressure. They may be divided into three varieties: First, the steel pin, about four or five inches in length, which has been electro gold-plated, with a glass head; these are generally used for the larger vessels. Second, an ordinary sewing needle, threaded with iron or silver wire, or with silk. Third, a simple loop of iron wire, four or five inches in length. Mr. Simpson gives three methods of application, as follows: The first consists in passing the long pin through the integument, bringing its point out beside the mouth of the bleeding vessel, passing it, the pin, over the open orifice, and entering its point on the other side. He aptly illustrates this method by comparing it to the method of pinning the stalk of a flower upon the lapel of our coat. The only portion of the pin which is exposed within the wound is that part which bridges over the mouth of the artery. In the second method, the common sewing needle, threaded with a short piece of iron wire, for the purpose of afterward retracting and removing it, is dipped down into the soft textures, a little to the side of the vessel, then raised up and bridged over the artery, and then being dipped down again, is thrust into the soft tissues. In the third method, the needle is passed below the artery, and a noose of wire is thrown over its point, and then, after being carried across the mouth or side of the vessel, is passed round the eye-end of the needle and pulled sufficiently tight to close the vessel.

Case II.

Amputation of the Lower Third of the Thigh for Caries of the Knee-Joint.—I——U——, aged about twenty-one, entered the Good Samaritan Hospital during the month of February in a deplorable condition.

Some four months since, while engaged in chopping wood, he cut his knee with the axe, and having bound up the wound walked home. That night the whole leg became much inflamed and very painful, and a physician was sent for. The leg was poulticed, the bowels purged, and the usual allopathic routine continued.

The young man was an apprentice; was poorly fed and poorly attended to, and was attacked with an intermittent fever, which prostrated him to a degree. Rapid emaciation together with increased suppuration followed. The abscess was not lanced; the pus burrowed in various directions; the capsule of the joint was involved, and in this condition he was brought into the hospital.

There were five sinuses in the thigh discharging fetid matter, and from an orifice on the left side of the patella a glairy fluid exuded, which evidently proceeded from the joint itself.

The "question of amputation" here became a very serious one. He was rapidly failing; the probe indicated caries of the articular extremities of all the bones entering into the formation of the knee-joint. His emaciation was increasing, and his appetite gone. Would he bear the shock of removal of his leg? Should a resection of the knee be attempted? How long would he live after the operation? These were the questions that had weight in my mind. I was well aware of one fact, and which was well illustrated in the case of amputation of the thigh previously reported in this paper, viz.: That frequently after the removal of a diseased part, although the system at *the time of the operation* may be in a very debilitated condition, yet the source of irritation being taken away, nature at once begins the process of reparation. The chief facts that deterred from resection were these:

1. The excessive emaciation of the limb.
2. The very soft condition of the muscular fibre.
3. The numerous cavities and sinuses which had been formed by pus that had been denied outlet, and
4. The time that would be required to allow the wound, after the resection, to heal.

These circumstances, taken together, appeared to favor amputation, and, therefore, on the third of April, in the presence of the private class, and assisted by Doctors Hartman and Morrill, I proceeded to remove the limb at the junction of the middle and lower third of the thigh, by the anterior and posterior flap operation. As the catlin passed through the quadriceps, a gush of pus took place from between

the muscular sheaths; the posterior flap was made longer than the anterior, and the bone sawed through in the usual manner. The removal of the deceased limb occupied about a minute. I applied an acupressure pin to the profunda femoris which arrested the hemorrhage from that vessel; but although I twice placed a good sized acupressure pin across the femoral (which for a short time arrested the bleeding), yet there had been so much suppuration, and the parts were so softened by infiltration, that ligatures had to be applied. This teaches an important fact regarding acupressure. The flaps were brought together, and the stump looked well. For a time every thing appeared to prosper; the patient was in good spirits; the healing process appeared to be progressing; the ligatures came away in good season; the acupressure pin was removed in twenty-four hours. After the operation, the appetite began to return, and I was about to congratulate myself upon a recovery. But night sweats came on, cough, mucus rales, expectoration, colliquative diarrhœa and hectic finally ended the life of the patient.

Upon an examination of the bones, the whole joint was found to be very seriously involved in the disease. The condyles of the femur were in a complete state of degeneration; while the head of the tibia was also extensively diseased. (See figures 2 and 3, Case I.)

Case III.

Removal of the Superior Maxillary and Turbinated Bones.—This case is one of peculiar interest, and one presenting some points for careful consideration, not only on account of the disease for which the operation was performed, but also in the apparently rapid recovery of the patient.

Joseph Vogl, age forty-nine, entered the Good Samaritan Hospital at my suggestion on account of a peculiar tumor involving the upper jaw of the right side, extending downward and forward into the mouth, forcing forward the alveoli and the teeth contained therein, and growing, according to the statement of both the patient and his wife, with amazing rapidity. (Figure 1.) The tumor was turned toward the left side, and the lower eye-lid drawn somewhat downward. The mass that could be seen by drawing the cheek aside, resembled in many respects the gum from which it appeared to grow; never bled excepting after severe handling and then but slightly; had a peculiar odor, but not that which belongs to encephaloid disease, and appeared to involve the whole bone, excepting the orbital

plate, extending upward to the articulation of the nasal bones. The patient's health was rapidly failing, and I advised an immediate operation as soon as the system could sustain the shock.

The diagnosis was difficult to make out. There was an absence of symptoms which generally belong to malignant tumor, and that part of the growth which was capable of being examined presented many appearances of epulis. My first impression was that it was the latter named disease, but in reading over "The Surgical Observations" of John Mason Warren, I recollected a passage which I think led to the correct diagnosis of this case. The lines were as follows, page 64: "Myeloid tumors in the jaw are rare, and at a late stage of their existence are *often distinguished with difficulty* from that external affection called epulis." Further research justified the opinion, and the examination of the diseased mass since its removal has put the question beyond doubt.

The question as to the malignancy of the tumor was first to be considered, and many of the features which I have found to belong to the so-called heterologous growths were absent. Thus there was entire absence of hemorrhage; lack of proneness to ulceration, which is very characteristic of malignant formations, together with the appearance presented by those parts which could be examined (which, in homologous growths, is, as a rule, similar to some of the textures of the body on which the formation is found), and the healthy appearance of the integument covering the mass. On the other hand there was an amazing rapidity of growth, some fœtor, general depression of vitality, and other symptoms which were of serious import. Now, a myeloid tumor is one which, in appearance, resembles, after slight maceration, common suet. The growths generally occur in bones and in cancellated structure; on section they present reddish or even purple spots in their texture, and present a similar external appearance to epulis. According to Mr. Paget, "they grow slowly and without pain; generally commence without any known cause, such as injury or hereditary predisposition; bear considerable injury without becoming exuberant; they are not apt to recur after complete removal, nor have they, in general, any features of malignant disease."

Dr. Gross differs somewhat in his opinion regarding these growths, and his words are so expressive that I shall quote them. He states "that the myeloid tumor is rather rapid in its growth, occurs in both sexes at different periods of life, but more commonly in the young

Fig. 1.

External appearance of Myeloid Tumor. Removal of the Superior Maxillary Bone. The dotted Line represents the Course of the Incisions.

Fig. 2

Internal Surface of Myeloid Tumor of the Superior Maxillary Bone. (Actual Size)

A. A Portion of the nasal process

B. Canine tooth

and middle aged than in the old, and is capable of attaining considerable bulk. From its tendency to destroy the structure in which it is developed, and from the fact that it occasionally displays a malignant tendency, recurring after extirpation, and ultimately causing death, there is strong reason to conclude that it is merely a modified form of encephaloid or fibro-plastic growth. Nevertheless, in the existing state of science, we are not warranted in expressing a very positive opinion regarding the true nature of the disease." These remarks are very applicable to the case in question, and the appearance of several fibrous polypi attached to the nasal bones would appear to demonstrate the fibro-plastic nature of the diseases, with a tendency to degeneration. After a careful consideration of the facts, and some research as to the advisability of the operation, I felt myself justified in removing the bone.

On the 13th day of March, at the hospital, assisted by Drs. Comstock, Franklin, Vastine, Morrell, Shaver, and a number of students, the operation was thus performed:

The patient was laid upon a bed, with his shoulders and head elevated, and the affected side toward a good light. This is the position advised by Dr. Gross, and really insisted on; but I am persuaded that the upright position in a stout chair is a better posture, preventing the flow of blood into the fauces. After this the patient was thoroughly brought under the anæsthetic influence, and an incision was commenced at the angle of the mouth and carried around the cheek to the zygomatic arch; a second cut was then made parallel to the border of the lower lid, to the lateral margin of the nasal bone of the right side, and the flap dissected up. The zygomatic arch was then divided, partly with the saw and partly with the bone pliers. The mass was then separated from the orbit, and the division effected through the palate with the pliers. By seizing the tumor with Fergusson's forceps, and depressing it, the tumor was taken away (Figure 2). Parts of it, however, were found adhering to the under surface of the nasal bones, and the growth had invaded the left alveolar processes. This was cut away with pliers, and several polypi, one of them quite large, was removed from the upper part of the wound. The appearance presented by the wound was rather revolting, and a considerable quantity of blood was lost during the operation, though there were but three vessels (the largest being the internal maxillary) which required ligature. I was in considerable doubt whether the patient would survive the operation. The wound

was brought together by several points of suture, and the patient put to bed.

Five o'clock, P. M.—Had vomited much; large coagula in the vessel; feeble pulse, but quite conscious. Ordered moderate stimulus and a grain of opium at night.

14th.—Better; great palor of countenance; no more vomiting; passed a fair night. Applied staphysagria in solution, one part to ten, to the wound. Ordered beef tea three times daily.

15th.—Some gaping of the wound under the eye; removed two silk sutures and applied silver ones. Ordered generous diet.

20th.—Removed all the sutures; suppuration within the mouth. Ordered injections of calendula and water; fed the patient well; he is sitting up; good action from bowels.

23d.—Wound healing, except beneath the eye; pared these edges and introduced two hare-lip pins.

28th.—Immense swelling of parotid, with redness of the part; healing process apparently arrested by diseased action elsewhere. Mercurius prot.[3] every two hours; removed all wet dressings; put the patient on half diet; continued the injections of calendula.

29th.—Redness subsiding, but neither the swelling or hardness of parotid abating. Baryta carb.[3]; three grains every three hours; diet same.

30th.—Swelling and pain abating; continued treatment.

April 6th.—Improving. From this date the patient improved; had an excellent appetite. There is comparatively little deformity, and he left the house about the middle of the month with every prospect of present recovery.

May 21st.—Visited me to-day. There is as yet no tendency to re-appearance of the disease, and he is now doing his daily work. I am quite anxious to see whether the disease will return, but at all events I am satisfied that his life has been prolonged by the operation. An examination of the tumor shows its peculiar "marrowy" or "suet-like" character. The purplish spots on its interior, and a destruction of much of the bone on which it was seated indicate it as myeloid.

CASE IV.

Rhinoplastic Operation.—Mrs. T——, a middle aged and respectable married lady, applied to me to ascertain if any means could be devised to remedy a deformity of the nose which was produced in the following manner:

RHINOPLASTIC OPERATION

A. Cicatrix formed by ulceration from use of caustic.
B. Destruction of the entire ala nasi of the right side
C. The flap
D. The pedicle

She had some time since a painful tubercle on the right ala nasi, which had caused her much worriment of mind; and being fearful of malignant disease, she had consulted a cancer doctor (?) who applied a paste which took away the tubercle, and with it, the whole ala of that side, causing a severe ulceration, which had extended to the internal angle of the eye. This solution of continuity had healed, leaving an ugly cicatrix, which may be seen upon referring to the plate, A. I explained to her the nature of the operation which could be performed for the restoration of the absent ala, to which she eagerly assented and which was performed on the second day after our interview. The edge of the gap next to the face was very thin; indeed, was formed of a portion of the cicatrix already mentioned; while toward the top of the nose the border was full, healthy, and prominent. The trouble, if there should be any, would evidently be at the thin margin during the process of cicatrization.

The operation was thus performed: Before she was brought under anæsthetic influence, a piece of paper was laid over the nose and cut the exact shape of the cavity, being made, however, one-third larger all around. This was turned back upon the cheek and its outline marked with a pen and ink, indicated by dotted lines, C. The patient was then rendered insensible and the flap dissected up, leaving a pedicle, D. I did not, however, make an incision perpendicularly through the tissues to the cellular substance, but entered the scalpel *in an oblique* direction, thus making a beveled edge around the entire flap, leaving the pedicle as near as possible to the ala nasi. In a similar manner the edges of the entire gap were refreshed, thus making two tolerably broad raw surfaces. The flap was then twisted to its place and secured by pins of pure silver, around each of which a single turn of silk was passed. The ends of the pins were then cut with the nippers, and when fully recovered from the anæsthetic the patient was allowed to return home. On the third day after, I visited her and removed two of the pins and applied a strap across the face and over the nose, extending from one cheek to the other. In two days I removed the remaining pins and a single suture which I had applied to draw the flap close down to the septum. The recovery was complete, and the astonishing manner in which the new ala has been rounded off by nature, and the almost imperceptible scar which remains from the wound in the cheek, render the operation one very satisfactory both to patient and surgeon.

CASE V.

Fibroid Polypi of the Uterus.—There is often a peculiarity in the manner in which a number of similar cases come upon the general practitioner. We pass weeks and months without being called upon to treat a particular disease, and when finally one is presented, several frequently follow in rapid succession. This, I believe, is the experience of every practitioner either in medicine or surgery. These remarks were further corroborated by the opportunity afforded me for removing two fibroid polypi on the same day, during the month of April.

At different times I have had occasion to take away polypi of different sizes and of the different varieties as classified by Rokitansky. In the British Journal of Homœopathy for 1865, p. 538, can be found a paper in which I have endeavored to describe these different species.

The two cases which I now record were of the first variety, and were distinguished by those marks which belong to their species, viz.:

1. Smallness of size.
2. Spherical or spheroidal shape.
3. Density.
4. Hardness.
5. Poverty of vessels.

These tumors had been growing for some time. In the one case, that of the younger patient, there were the usual symptoms leading to such diagnosis, viz.: Hemorrhages, which were sometimes very profuse and exhausting; constant nausea, but no vomiting: constipation of the bowels, furred tongue, and some emaciation. In the second case, quite an elderly lady, there were none of the above symptoms at all; the only indications of anything abnormal in the entire system being *frequent* and violent *palpitation of the heart* and profuse bland leucorrhœa.

There was no hemorrhage, no nausea nor other unpleasant symptoms save those noted. I had carefully examined her heart, and was certain that its palpitation and irregular action were entirely sympathetic, and fancied the reflex action to come from the stomach. An examination per vaginam revealed the difficulty.

Now the difference in the symptoms of these two cases is instructive, and the rationale can be found in the position of the tumors. In the one, that of the younger, the tumor was in the uterus, beyond its neck, and for a long time beyond the power of touch; as it grew,

however, it gradually expanded the os uteri, and finally a hard globular mass, about the size of a small lemon, could be detected after a most profuse and dangerous hemorrhage. It was my intention to seize this with the clawed forceps, draw it downward to the vulva, place around the stalk the chain of the écraseur, and remove it as on previous occasions. The latter portion of the operation was not necessary. By twisting the mass and making gradual traction to draw it without the vulva, it came away with a profuse hemorrhage. This was on the 8th day of April; and to-day, the 22d of June, I have had the pleasure of seeing the patient entirely restored. Since the operation, she has been taking, every night, calcarea carb.[6]

In the second case, the tumor was almost entirely in the vagina, and was somewhat of similar nature to that removed from a patient of Dr. Bolton, of Rushville, and recorded as before mentioned. The removal of this growth was more tedious and troublesome than the former. The patient was advanced in years, and, suffering from the frequent palpitations before noted, would not consent to the use of anæsthetics. I concluded, therefore, that it would be less painful to pass a needle, armed with a double ligature, through the pedicle, and having tied it on each side of the stalk, to sever it with the bistoury, than to go through the slow and painful process of crushing through the pedicle with the chain of the écraseur. After some difficulty, this was effected. The patient recovered well. She is now taking the bromide of potassium[10] and has had pure nitric acid applied four times to the remains of the pedicle. At present she is at a watering place in the East.

CASE VI.

Polypus of the Rectum.—I was induced to give the bromide of potassium in the above instance on account of its remarkable action in the following case. The patient, a woman of twenty years of age, admitted into the Good Samaritan Hospital January 25, 1869, had never menstruated, was short of stature, and dwarfish in appearance. She stated that eight years ago she had suffered from a red bleeding substance in the rectum which had been removed by a physician, but that similar growths had apparently returned. She was pale and sickly-looking, though not much emaciated, but was troubled with a constant diarrhœa and more or less tenesmus and the passage of a good deal of blood. Upon a mere external examination of the parts, nothing particular could be noted; but upon desiring her to attempt to expel the contents of the rectum, there would pro-

trude several elongated bodies, resembling earth worms in shape, but of a much more brilliant red color. They presented a soft, vascular shreddy appearance, bearing some resemblance to sarcomatous growths. With this expulsion there was always a yellow, very fetid discharge. Upon examination of the fæces they were flattened, and there was flatulent distention of the bowels. Knowing the value of the bromide of potassium in the removal of several varieties of morbid growths, I determined to try the medicine upon this patient. I gave the following prescription: R. Potassii bromidi 1 drachm; Aquæ fontanæ 6 ounces; M. ft. sol. Dose: A tablespoonful three times daily.

She continued this treatment from early in February until the middle of May. She began to improve in health shortly after taking the medicine; the diarrhœa ceased; she performed household duties in the hospital, and on the 13th of May, though the fetid fluid was expelled, she was unable to protrude any polypi. The remains of the growths could be felt, but otherwise the patient was in good health. I had endeavored to draw down these polypi and ligate them, but they were too friable, and broke away so easily that I gave up the attempt.

CASE VII.

Tumor of the Left Mamma.—Sometime since I was consulted by a lady from the country. She was in quite an agitated frame of mind, having just come from the consulting room of an eminent surgeon, who had informed her that the tumor was scirrhus, and that removal by the knife was the only resource. Upon the left mamma, just below the nipple there was a hard round tumor, moveable, not painful upon pressure, but somewhat sensitive. It had been noticed for several years, but had not increased in size until the past six months. It had then gradually enlarged and had caused her much uneasiness. She had occasional shooting pains, but no other definite symptoms belonging to cancer, and so she was informed. She was entirely averse to the use of the knife and desired medical treatment. The first prescription was calcarea carb.[6] of which she took one powder every night for three weeks. She then returned to say there was no improvement. I ordered her then conium[3] to be taken every night and morning for two weeks, then every night for two weeks, and afterward every other night for the same length of time. I also ordered a few drops of the tincture of the same medi-

ine to be rubbed upon the part each night. In four weeks she turned to say that she thought she was better. Upon examination, here was no lessening in volume, but the swelling was much softer. The treatment was continued, and in three months the growth had entirely disappeared.

I may mention here that the same treatment has subsequently removed a similar tumor, of some time standing, from the axilla of a lady somewhat advanced in years.

CASE VIII.

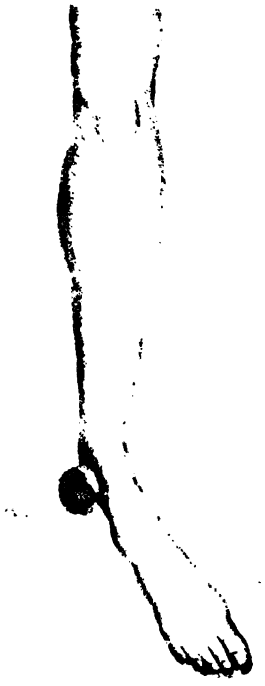
Resection of the Tibia.—The blessings that result from properly applied conservative means, in surgical science, can scarcely be appreciated by those who have not been fortunate enough to have had an opportunity of observing the extent and power of the great reparative processes of nature, which frequently surprise even those who are in a measure conversant with them. Some years ago Mr. Ferguson wrote, that amputations were rarely resorted to in the King's College Hospital, as the success attendant upon the conservative means employed, and the advances deduced therefrom in surgical operations, in the majority of instances preserved the limb for the patient, sometimes, to be sure, with a stiffened joint, and at others, perhaps, with a few inches of shortening, which inconveniences must certainly be considered of trifling import, compared to the entire loss of the limb itself.

The homœopathic surgeon who keeps himself well up to the times in the best known allopathic conservative means, and adds thereto the homœopathic treatment before, during and after surgical operations of any magnitude, has advantages that will yet be fully appreciated both by the public and the profession; but it may take some time for the superiority of the treatment to be acknowledged, for the following reasons, viz.: Because the majority of the large hospitals in cities and manufacturing towns are under allopathic treatment; because there are comparatively few homœopathists who give the study or practice of surgery the attention it deserves; because a majority of the laity, certainly in this country, believe that the homœopathist abjures surgical science, excepting perhaps the setting of a fracture or opening a simple abscess; and because, in many of the cities and towns, a case of surgery, when presented to a disciple of Hahnemann, is forthwith turned over to his neighbor, who is an allopathic surgeon.

Homœopathic surgeons would have been recognized in the army and navy of the United States had it not been for the above named facts, and the time will come, and is near at hand, when the odium will be taken away from our school; but the people must in the mean time be given to understand that there are homœopathic surgeons; and that the statistics, accurately and truthfully prepared by them, are proved to present better results than those of the older system. As soon as this is done satisfactorily, the project may be set on foot and carried successfully; but until it is accomplished, it is a useless expenditure of both labor and money to attempt to introduce into the army and navy of this country a system of medicine which is regarded by many as actually opposed to all operative procedure, and which idea is disseminated with the utmost diligence by the members of the old school of physic.

To illustrate the benefits of the system of Hahnemann combined with conservative surgery, I present a most interesting and, I may add without egotism, a most successful case of resection of the tibia.

At the beginning of my last term of service at the Good Samaritan Hospital, I was particularly struck with the miserable appearance of a lad named Francis Bandans, aged about fifteen years. The history of the case is briefly as follows: The boy (who, by the way, could not speak a word of English, making known his complaints and wants in broken French) had been employed by a farmer, and was driving a truck, drawn by oxen, on which was a large piece of heavy timber; by some unlucky accident, the lad fell between the wheel of the wagon and the stump of a tree, the former passing over his left leg, while his right leg was bruised severely by the fall. He was taken up as soon as assistance could be procured and the nearest doctor (!) summoned. There was a severe compound fracture of both tibia and fibula, the ends of the bone protruding to the extent of an inch and three-quarters through the wound; the lower portion of the leg being at an acute angle, and the foot so entirely twisted from its position that it rested on the internal malleolus and the external edge of its plantar surface. What the doctor (?) did is not well ascertained; but no attempt was made at either setting the bones or replacing the foot, and the boy lay *five weeks* with the injury as described. Then worn out by his suffering and with profuse suppuration, he was brought in an open wagon to the hospital. The broken bones had united, presenting a deformity which may be well imagined, and which is well represented in the



Resection of the Tibia.

A Protruding end of the Tibia covered with granulations

drawing. The protruding ends of the tibia were covered with a crop of thick and dark red granulations. (See illustration.) There was a suppurating and offensive ulcer on the posterior portion of the right leg, occupying the whole belly of the gastrocnemius; another sore about the hip joint, together with spasmodic rigid contraction of the toes and knee joint. The patient was also very much emaciated, with a dry, brown, hard tongue, pulse one hundred and thirty beats to the minute, tympanites, and all the well-marked symptoms of typhus gravior. To all appearances, with the extent and gravity of his injuries, the exhausting suppuration, the deprivation of proper nourishment, there were certainly data on which to found a very unfavorable prognosis.

The first medicine prescribed was arsenicum[8], about two grains every three hours; while brandy and water three times a day with occasional spoonfuls of beef essence, were carefully administered. The ulcer on the right leg was dressed with calendula lotion, which was also applied over the protruding extremities of the fractured bones. It was some days before much improvement was noticed, but gradually the symptoms began to abate in their severity, excepting most excessive pain in the region of the hip joint; the most acute pain beginning at evening and lasting through the entire night. The screams of the poor boy were such that the other patients in the ward were unable to sleep. The application of compresses saturated with strong tincture of aconite gave relief in time to this distressing symptom. The tympanites was relieved by turpentine in three to five drop doses taken once in four hours, and the remaining symptoms combatted as they presented with bryonia, rhus-tox. and sulphur. About this time a diarrhœa became very troublesome, but was successfully treated with phosphorus and phosphoric acid. During this treatment stimulants were constantly given, and their good effect was very appreciable. At length the disease was overcome.

Any physician who has had opportunity of treating typhoid fever is well aware of the prostrated condition in which it leaves the patient, and can readily understand that with such a state of the constitution any severe surgical operation is incompatible. But the boy improved; the sores on his leg healed, the pain in the hip disappeared, the spasms of the flexor muscles passed away; but nature, as the process of reparation continued, also fastened even more tightly together the bones of the fractured leg, which, be it remembered, were united when the patient entered the house, and he had been in the hospital up to the time of which I write, nearly six weeks.

As the danger to life passed, the deformed and misshapen limb began to claim the attention it deserved, and which it should have received when the injury was first inflicted.

My first impression, and I believe that of those who saw him, was that amputation must be resorted to, but upon reflection, I thought that resection might be practiced, and upon consultation it was agreed to attempt it.

On the second of March, being assisted by, and in the presence of several medical gentlemen, having placed the boy upon the operating table, and brought him fully under the anæsthetic influence, I began the operation by dissecting from the protruding bones the mass of granulations; then beginning about five inches above the site of fracture, I made a longitudinal incision along the spine of the tibia, and continued it three or four inches below the protruding bones; this incision was crossed at the center by a second transverse cut, and the four flaps dissected up. Keeping the edge of the knife close to the bone, the aponeurosis of the tibialis anticus was divided, and the anterior tibial artery protected from injury. The ends of the bones were then sawed off, about two inches being taken away, and the bony adhesions of the fibula, which had united firmly with the shin bone, were, with considerable force, refractured. The foot was then twisted back again, placed in its position, and fixed securely in a splint, leaving a space between the divided extremities of the bones, from which the ends had been removed, of two inches. During the operation the hemorrhage was not important, but when I visited the patient in the evening, there had been so profuse a discharge of blood, that I feared the teeth of the saw had wounded the anterior tibial artery. All dressings were therefore removed, but I found the bleeding to arise from the medullary canal. Compresses wetted with a solution of the liquor ferri persulphatis were applied, which after two days arrested the hemorrhage.

On the 5th of March the limb was placed in a fracture-box extension made to keep the leg the proper length, and bran packed closely around it. This bran dressing was of the most serviceable nature; the leg was never moved from its position; the wound could be cleansed readily and as often as was necessary, could be examined at any time, and could receive the benefits of the cold calendula lotion, which was constantly applied. Moreover, as suppuration took place the pus was absorbed by the bran, which it formed into hard masses that were easily removed, and the space refilled with fresh material.

On the 25th, a sequestrum came away. On the 27th, the leg was taken out of the bran, the fracture-box cleansed, refilled and reapplied as before. On April the 4th, the whole apparatus was dispensed with, a slight splint applied on the inside of the leg, and held *in situ* by adhesive strips. The boy was soon about the house, has *a leg of the same length* as the other, and though not quite so strong, there is every reason to believe, that, with the motion of the ankle unimpaired, the cure will be ultimately perfected.

Case IX.

Resection of the Elbow-Joint.—The followingis an interesting case in many particulars. This patient was afflicted over a year ago with severe pain in the left elbow-joint, which continued for several weeks. The sufferings were especially aggravated at night, and neither external applications nor internal medication produced any relief. Finally tumefaction, redness and fluctuation indicated the formation of pus on the external aspect of the arm, and the abscess was opened by the physician who then had charge of the patient. For a short period the suffering was ameliorated, though the pain was sometimes severe. Another fluctuating surface appeared on the inside of the joint, which was allowed to open spontaneously, giving exit to a large quantity of pus. About this period, or shortly thereafter, the patient entered the City Hospital, in St. Louis, where he was treated for some time; the surgeons however, averring that as yet there was no disease of the bone.

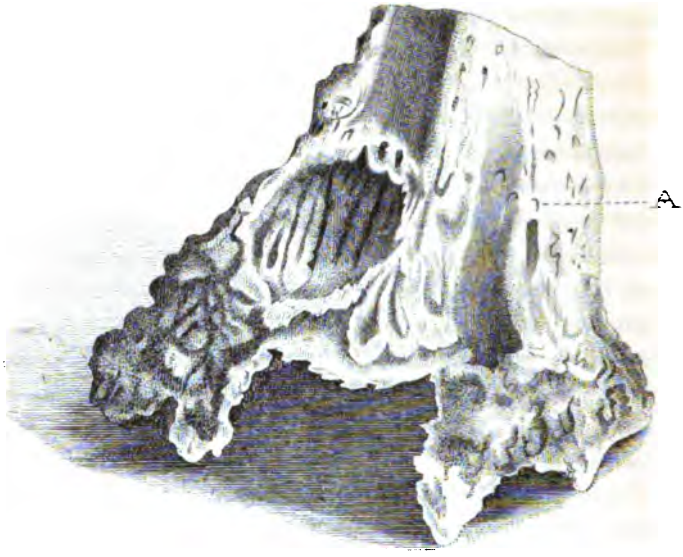
The patient remained at the hospital several months, losing both flesh and appetite, the discharge continuing from both outlets. He entered the Good Samaritan Hospital several weeks since. There was immense tumefaction about the joint, with considerable atrophy of the muscles both above and below the swelling; there was undoubtedly caries of all the bones, involving the elbow, with destruction of the cartilages and lateral ligaments; the probe introduced, distinctly announced a carious condition of the bones. There was no kind of medication that would cure this patient; surgical interference of the most grave character was requisite. If allowed longer to remain in his present condition, already exhausted by suppuration, death would certainly ensue; and the longer surgical means were deferred the less chance for success. The question, therefore, arose regarding the best plan to be adopted. Should we amputate the arm at the middle third of the humerus or should we resect the elbow-joint? At the present time, excision of

the elbow-joint is a standard operation of conservative surgery, and the success which has attended its performance, together with the usefulness of the limb, which often remains after the operation, are sufficient inducements to the judicious surgeon to attempt the proceeding.

Before proceeding to the operation, let us look a little into the anatomy of the parts concerned. Three bones enter into the formation of the elbow; and the joint is a compound one, a ginglymoid and a diarthrodial. On the anterior face of the humerus we have two muscles, which connect the forearm with the arm. One of these, the biceps, is inserted into the tuberosity of the radius; the other, the brachialis anticus, is fixed to the lower portion of the coronoid process of the ulna. If we draw a line from the outer side of the axillary space between the folds of the axilla to a point or depression midway between the condyles of the humerus (which depression marks the boundary between the inner border of the caraco-brachialis and biceps), we have the direct course of the brachial artery, which is comparatively quite superficial in front of the joint, before its bifurcation. These structures, which we have mentioned, being in front, are in a measure out of harm's way. But there is yet a point in the surgical anatomy of this joint to which I desire to particularly call attention. It is the course of the ulnar nerve, which comes from the inner cord of the brachial plexus and lies on the inner side of the artery. From this course it diverges, pierces the intermuscular septum, and winding around, passes into the groove between the internal condyle of the humerus and the olecronon process of the ulna. It is necessary to preserve this nerve from injury, during the operation.

There are a variety of methods recommended for resecting the elbow-joint; but the truth is, as in all surgical operations, the size of the flaps and their number, and the direction of the incisions, are to be influenced by the circumstances attendant upon each particular case. Perhaps the single straight incision is, as Druitt says, the best theoretically. Moreau preferred the H incision, as does also Professor Hamilton, of New York; although the position of the patient (on his belly), as recommended by the former surgeon, I conceive to be inadmissible on account of the danger from the full and prolonged anæsthesia. Manne made two semilunar incisions, and Roux recommended the cut to be made in the shape of the letter T.

We placed the patient on the table and having arranged him so



Resection of the Elbow Joint.
A. Extremity of Humerus removed.
B. Olecranon.
C. Head of Radius.

at his arm projected over the side, elevated his shoulders and ministered the anæsthetic. I began by making a straight incision, mmencing four inches above the joint and prolonging the same r inches below, carrying the scalpel directly through the tissues wn to the bone, opening in its course the fistulous orifice. Keep- the edge of the knife to the bone, I separated the tissues, and roducing the index finger of my left hand into the lower extremity the joint, found the head of the radius, loosened the same from its nection, and pushed it through the wound. The retractor was then ced under the head of the bone, which was removed by means of saw. Next I proceeded to remove the condyles of the humerus. It s found necessary to prolong the incision upward, on account of disease extending far up the shaft of the arm-bones. The tissues re very much diseased and infiltrated with pus, and a transverse ision was made across the joint, about two inches in length, at ht angles with the first. After the tissues had been separated, I erted my finger into the angle of the wound, and distinctly felt ulnar nerve lying in its groove; this I pushed over the process, d the lower extremity of the humerus being disengaged, was sawed The third step was the removal of the olecranon, which I took with the chain saw; and after having drawn the wound together th interrupted suture, placed the arm on a pillow, dressed it with calendula lotion, and fixed it in a splint bent at an obtuse angle. e operation was completed as described.

While going through the hospital I found a case of vesicular erysipe- s on the cheek of a boy from whom I had removed the inferior maxil- ry bone some months before. Had I seen this case before the opera- on had been commenced, it would have been deferred. The patient on hom the resection was performed steadily improved for ten days. An mmense amount of diseased and decayed muscular tissue came away. The parts were regularly dressed with calendula lotion, the chamber well aired, other patients removed from the ward, and in due time healthy granulations appeared. On the seventh day a patient in the next ward, who was under treatment for a severe wound of the foot made by an ax, became affected with erysipelas of the most violent kind; and the day following, a boy, who had an abscess over his eye which had been lanced a day or two previously, showed symptoms of the disease. These cases gave me great uneasiness, and my fears were too soon verified; for on the morning of the tenth day, when I visited the hospital, I found the patient on whom the operation above des-

cribed, had been performed, showing signs, that could not be mistak of erysipelas on the inside of his arm. He was immediately given b ladonna, and rhus tox, several of the stitches taken away, and onl sufficient strapping allowed to remain to support the parts. Fo week the medicines appeared to control the affection, but afterw symptoms of gangrene appeared, which terminated the life of patient in a few days. I have every reason to believe, and it is opinion of the surgeons of the hospital who assisted at the operati that had not this malignant disease made its appearance in the ho at the time of the operation, it would have been successful in result.

The plate represents an exact condition of the removed bones.

CASE X.

Lithotomy: A Clinical Lecture at the Good Samaritan Hospital. In the early part of May last, a gentleman from Quincy, Ill., brou his son (a lad of about seven years of age) to my office for the purp of ascertaining whether anything could be done for his relief. symptoms were as follows: Frequent inclination to pass water, wh was always worse at night or when lying down, attended with m excruciating pain, a few drops only being voided at once. The lit fellow would lie on his stomach and cry aloud from the agony experienced when micturating; there was some enlargement of t penis, with considerable elongation of the prepuce, frequently rec ring erections, and sometimes blood discharged with the renal se tion. Hearing this account, I decided that there must be a stone the bladder, and questioned the father as to what had been done relieve him. In reply, he stated that several physicians h attempted to find the stone, but none of them had been enabled detect it, although on one occasion, one of the professional gentleme thought that he had discovered the offending material.

Let me, before we proceed further, say a word in reference t what is termed by surgeons, "*sounding.*". To be able to perform this portion of the operation, upon which *alone* the diagnosis of the case must be made out, you must possess a thorough knowledge of the anatomy of the urethra and the *curves* that it makes in different parts of the canal; otherwise not only will you subject the patient to much additional pain, but most dangerous results may follow the improper management of the instrument.

To sound a patient properly, the instrument must possess a very

different shape from that of the common metallic catheter, the curve being the arc of a much smaller circle. It should be constructed of solid steel, highly polished, with a broad, flat and rather thin handle, in order that any impression made at one extremity may be distinctly appreciated at the other; while that portion which enters the bladder should be of larger calibre than the shaft which remains in the urethra. Grasping then the penis in my left hand, and retracting the prepuce, I put the organ somewhat upon the stretch, and direct its extremity at about an angle of forty-five degrees from the body. Taking then the sound, well oiled, between the thumb and forefinger of my right hand, which I hold close to the body of the patient, I introduce its point into the meatus urinarius, and allow it to glide along the urethra until the curve reaches the perinæum; then holding the sound and penis in my left hand, I gradually depress them, or turn them toward the feet of the patient, whereby the point of the instrument is raised, and then, with gentle pressure of the right hand, cause the curve to pass over the bulb of the urethra and into the bladder. This is not "sounding," properly so called, it is merely the *introduction* of the sound; the more delicate portion of the proceeding remains to be accomplished. The sound must now be held lightly in the hand, and must be moved about in all portions of the bladder until the peculiar click is heard or felt. As soon as the operator has satisfied himself that the steel instrument has touched the stone, he must hand it to others of his professional friends and allow them also to be fully certain that beyond a doubt the calculus is present. This rule should always be followed; nor should the operation be commenced until several other surgeons have detected the offending material. It will, therefore, be seen that sounding for stone is a most delicate and difficult procedure; and when men, who have devoted a large portion of their attention to the consideration of stone in the bladder, say of "sounding," that "to perform it well requires great tact in the use of instruments, a perfect knowledge of the anatomy of the urinary apparatus, and a degree of experience which multiplied observation alone can supply," and that "the want of success in the operation is not confined exclusively to the young, the ignorant or the unskillful," but that "men of the most consummate dexterity having occasionally failed in detecting a stone, when stone really

existed," the procedure must be looked upon as all important in t operation.

The next step to be considered is the preparation of the pati Having had the bowels evacuated by a full dose of castor oil, wh by the way, serves the double purpose of relieving the bowels inducing thereafter constipation, he must be brought to the ed the bed, over which an oil cloth or an India rubber blanket has b laid, and the wrists and ankles of each side are to be firmly secu An assistant must stand on either side, and with their hands u the knees, must separate them as widely as possible. The chloro may now be administered. An instrument resembling in sha catheter, constructed of solid steel, with a groove a little to the side, with a rounded extremity, and which is called a staff, must be passed into the bladder, drawn up against the pubis, and placed the hand of a *steady* assistant. Gross says, "a poor staff holder great curse;" and so he is, for a change in the direction of t instrument, its depression in a sideway position, may not o embarrass the operator, but may cause ultimately the death of patient, by a division of wrong structures.

Having now all things prepared, the patient chloroformed well secured, the staff holder steady and the staff in position, spon etc., at hand, the instruments beside him in a convenient positi and a good light falling upon the perinæum, which, if the patient an adult, must be carefully shaved, the surgeon seats himself in fr of the patient, takes an ordinary scalpel in his right hand, and w the forefinger and thumb of his left, puts the skin upon the stret and enters the point of the knife on the *left* side of the perinæu about an inch and a half above the margin of the anus, and carries downward and outward to a little distance below the tuber isc of the left side. Now in a child; as in the case of the patient, th is not much sub-cellular tissue, and, therefore, not a very deep in sion is required; but in some instances, where the subject is fat, th cut must be fully an inch in depth. There is also one importa point to be remembered in this part of the operation, viz.: The inc sion from the external surface of the perinæum to the point wher the knife enters the groove in the staff, must be either conical or triangular in its shape, with the apex at the membranous portion of th urethra, a little in front of the prostate gland; by bearing this in mind you will perceive that the nearer you approach the staff, the les extended must be your incisions. Placing now my left index finger in

the upper angle of the wound, the transverse muscles and triangular ligament are successively divided, until I feel the staff clearly within the canal at its membranous portion. I still keep my finger in the wound, and with my nail for a guide, introduce the point of the scalpel into the urethra, and then withdrawing it, take in my hand a knife which has a long blade and a long handle, with but a short cutting edge and a button-like extremity which fits into the groove in the staff. At this stage of the operation it is well to pause for a moment and have the staff drawn up under the pubes, and ascertain if it is in proper position; and finding it in place, I push *forward* the knife, it readily enters the bladder, which is indicated by the gush of urine that generally ensues. Let me remark here also with reference to the *direction* in which the knife is pushed. It should be carried *straight along* into the bladder, keeping the probe point well in the groove. Care must be taken not to elevate the hand or allow the blade of the knife to look downward; if this be done it will slip from the groove in the staff, and be plunged into the rectum instead of the bladder, and the whole operation spoiled. There is another caution. Do not *cut* too much of the prostate; withdraw the knife as soon as there has been made an opening into the bladder, and take the forefinger of the right hand and *gradually* enlarge the opening. Very frequently the stone can be felt at the neck of the bladder, and by introducing a pair of forceps with broad and serrated jaws, the stone can be readily removed. If it be impossible, from the size of the offending mass, to accomplish its withdrawal, the wound must be carefully enlarged to its utmost extent; and if still the calculus cannot be withdrawn, it must be broken in pieces with a crusher. I now wash out the bladder very thoroughly with tepid water, by means of a good sized syringe, and again introduce my finger to ascertain if other calculi are present. There is none in this case, and therefore the patient is released from his bands, placed comfortably in bed on his left side, with an India rubber cloth under the buttocks, to catch the urine which escapes, and the operation is completed. I employ neither compress, strap, bandage or catheter, and, as I trust, complete recovery will result.

The foregoing description is that known as the lateral operation for stone. The examination of the calculus proved it to be what is termed the *fusible* calculus, which is a combination of the phosphatic and the ammoniaco-magnesian. It is extremely brittle, leaves a dust upon the fingers, and presents, when broken, a rugged and uneven

surface. It resembles in appearance somewhat, the oxalic calculus which is termed by many "the mulberry," the chief component of which is the oxalate of lime.

Early and complete recovery followed this operation. The shape and size of the calculus are well represented in the accompanying engraving.

Fusible Calculus.

ARTICLE XVI.

Notes from Practice. By Ira Barrows, M. D., of Providence, R. I.

In every section of our country, at all seasons of the year, for the last ten years, diptheria is reported to have been epidemic in a greater or less degree. Neither latitude, longitude or altitude, heat or cold, wet or dry, as far as I have observed or can learn, specially invite its visits. It is equally rife on the plains, on high lands, and in the valleys, in city and country, during the wild storms of winter, and the soft sunshine of summer. Still there may be something in the peculiarity of the atmosphere or exhalations from the earth which to some extent exert a controlling influence; for in the same location and at the same season of the year, the majority of the cases are sometimes mild, and sometimes quite severe.

Having determined the fact that we are to treat a case of diptheria, the question is, what is the remedy? I am no advocate for specifics, aside from the law "*similia similibus.*" Nor can we be certain of a cure with remedies selected by the strict rule of law; for so rapid and malignant is the onslaught of the disease, in some cases, as to defy all remedies. A cachetic condition of the patient may also oppose recuperation and defeat the cure. But, *ceteris paribus*, remedies having been selected and applied in accordance with the homœopathic law, a cure may be expected.

I believed, studied, and adhered strictly to this law as rapidly as I could learn and understand it, for more than twenty years, and I still believe it to be as lasting as truth. In 1865 I began to think, however, that there was one disease which was uncontrollable by medicine. It seemed to be subject to no law. It occurred frequently and at all seasons of the year. It was sometimes mild, and sometimes malignant. This was my experience with diptheria, previous to 1865.

CASE.

Miss ——, residing in Norton, Bristol county, a school teacher, about twenty years of age, delicate, fair complexion, blue eyes and auburn hair, complained of headache, pain in the limbs, fever, sore throat, general debility, with desire to remain lying down; odor from mouth offensive, tonsils and soft palate swollen, deep red with gray-

ish white spots. Prescribed belladonna and mercurius viv., to be taken internally and to be used in the form of a gargle. The next day all the symptoms had increased in severity; thirst intense, difficult deglutition; tonsils, soft palate, and uvula, entirely covered with the grayish white deposit; while a sickening, fetid, putrid odor was emitted from the mouth. I had but recently been converted from the Cambridge platform to the Hahnemannian corner stone of therapeutics, and as there was no homœopathic physician in the county, to call in consultation, I fell back upon remedies which I had most successfully used in scarlatina anginosa, and putrid sore throats, viz., capsicum and muriatic acid. My patient died, as I then supposed, of angina gangrænosa; I have no doubt it was a case of true diptheria. This occurred in 1842.

From that time to the present I call to mind similar cases occasionally occurring, during the twenty-seven years. Since 186[illegible] they have been more frequent.

I have used, with varied success, the following medicines in from the third to the thirtieth potency: Aconite, arsenicum, iodine, æsculus, belladonna, carbo veg., mercurius vivus, mercurius prot. and dul.; also, in crude form, chlorate potassa, nitric and muriatic acids. Most of these medicines were used topically, as well as by internal administration. For the last four years I have used only one remedy for diptheria. I continue its administration until the prominent symptoms are overcome. The remedy used is arsenicum (decimal), ten grains, dissolved in half a pint of water, to be used locally in the form of a gargle. It is to be administered internally also, at intervals of two hours in doses to adults, of one teaspoonful. I have thus far had the satisfaction of seeing every case yield to this mode of treatment, usually within forty-eight hours. Belladonna or other remedies, have been given as required in order to complete the cure. I do not believe that arsenicum, or any other remedy will certainly cure every case, but it has succeeded admirably thus far in this vicinity.

If I succeed in calling attention to the utility of this remedy, and if it shall prove equally successful in other localities, I shall have accomplished my purpose in penning this article.

The following group of symptoms have nearly all been present in every well established case of diptheria.

Pale face, seldom red; feeble, quick pulse; sense of internal heat; intense thirst; difficult deglutition; extreme lassitude, with desire to

remain lying down; pain in limbs, with weariness; tongue brownish; sickening, fetid, putrid odor from the mouth; tonsils and soft palate, partially or fully covered with a grayish white deposit; sometimes bleeding from the nose, with acrid discharge; nausea and vomiting. See the pathogenetic effects of arsenicum. After the use of arsenicum[1] for from twenty-four to forty-eight hours, the deposit loosens and separates from the tonsils and palate in tough membraneous pieces, often half an inch in diameter, leaving the mucous membrane dark red, swollen and sore. For this condition I have usually prescribed belladonna or mercurius, and I have also recommended the free use of claret and water, and beef tea.

ARTICLE XVII.

The Materia Medica in its Scientific Relations. By William W. Rodman, M. D., New Haven, Conn.

"Duæ viæ sunt atque esse possunt ad inquirendam et inveniendam veritatem."

Novum Organum, Aph. XIX.

The principles which give laws to the materia medica are th which are our guides in other studies. They are exact, determin and universally applicable. However men may be at variance regard to advanced positions, these fundamental principles are beyo dispute. The relations between abstract science and the mater medica are essential to the due development and to the thoron study of this important branch of knowledge.

The agents which constitute the materia medica have vario powers and properties. Their chemical and physical properties stan related to several sciences. The powers by which they modify vit actions, give origin to certain medical branches. These modificatio are chiefly twofold, namely, disturbances from health and restoratio toward it. The physiological and remedial operations of medicine should be the physician's constant study.

Indeed, with him the great object of research, is to determine th remedial powers which medicines and some other agents posses This is *therapeutics*. To it, other branches are tributary and subordi nate. But little time would be spent in studying the structure and the functions of the human organs, if they were not subject to disorder. Nor should we work hard to learn the operations of medicines, if these agents did not possess restorative as well as disturbing properties.

As is true of other branches of physical study, therapeutics is to be built up by a rigid adherence to the inductive processes. None of its positions can be deemed secure which are not in accordance with the elementary principles which give basis to modern science. Observation, experiment and comparison have the same essential places here as elsewhere. No evidence is to be taken as final which is not inductive or in the good sense empirical.

That a medicine cured or *seemed to cure* a case of disease is a pertinent fact in a question of therapeutics. That it is followed by the cure of similar cases, furnishes some evidence in favor of the medicine. That it cures many such cases, is still better; may

perhaps be conclusive evidence of its efficacy and value. But nothing that can be furnished from other quarters, whether it be fact, presumption or "general principle," does furnish positive evidence or is entitled to be called proof.

But how is therapeutic evidence to be obtained? How are we to secure the necessary inductions? We cannot experiment with medicines indiscriminately. We cannot subject a sick man to experiment with one medicine after another and thus obtain our inductions. We must receive suggestions from other sources to guide the selection. In ways too numerous to follow now these suggestions are obtained. A great science has been built up, whose aim is to secure them. It is called the *materia medica. It is, of course, itself an inductive science.* The principles upon which other studies are based, are fundamental here. How can they be applied? *How can the materia medica be built up, as a science of observation?* is the question before us. This question has been mixed up with controverted topics. We need to avoid these and to discuss the subject independently of all questions which divide men into parties. The process must be a useful one, however dry and difficult it may be. Abstract and technical it must be, of course. But the questions raised are of the greatest practical importance.

Let us then seek those principles which underlie the opinions of all men, even though they may be unconscious of them, and starting from them secure advanced positions, to which men of different views can give assent. We begin with a passage, which was the key and is ever the embodiment of the inductive philosophy.

"There are two ways and can only be two, of seeking and finding truth. The one from sense and particulars, takes a flight to the most general axioms, and from these principles and their truth settled once for all, invents and judges of intermediate axioms. The other methods collect axioms from sense and particulars, ascending *continuously and by degrees*, so that in the end it arrives at the most general axioms; this latter method is the true one but hitherto untried."

The term materia medica has undergone changes, or at least limitations in its meaning. It originated in the collecting and studying those material substances, which became medicines. As the facts thus obtained increased in number and were classified, the name was given to the department of knowledge thus formed. As the facts became more numerous, division and subdivision were necessary. New departments were made, and the name materia medica was restricted

to one of them. At each period one branch stands representative for the others. Its object is to obtain material for therapeutic experiment. The other branches are in one way and another tributary to it. Thus the general term materia medica has included the history of medicines, their chemical, botanical, mineralogical and commercial relations, their operations on the animal economy in health and in disease, and finally their uses. In due time the process of separation left their physiological and therapeutical operations to represent the science. For reasons that will come under our notice hereafter, these two classes of phenomena are being studied more and more as special departments. It is already obvious, that what is sometimes called the *materia medica proper*, is to crystallize as a distinct study. Such has been the history of other branches of knowledge. Two processes are continually going on, the collection of material and the distribution of it into groups. *Each group is to be studied by itself*, although it is only after considerable progress is made, that its inductions can be rigidly separated.

As the statement of our subject implies, we use the term materia medica in its restricted or scientific sense. Accordingly it is to be distinguished, first from those sciences which in one way or another are the sources of medicines, as botany, chemistry, pharmacy, &c., and secondly from that which treats of the action and uses of medicines in the cure of disease, namely, therapeutics. If the terms materia medica and therapeutics are sometimes used interchangeably, or at least as overlapping each other, such a course does not comport with the plan of this paper.

We make some extracts from recent standard authors bordering upon these distinctions.

"Materia medica or Pharmacology treats of the natural history and the preparation of medicines and of their operation on the animal economy. It strictly includes Pharmacy, or the art of selecting, preparing and compounding medicines, but this which belongs to the apothecary as his special business, should occupy only a subordinate position in a treatise which is addressed to the physician and the student of medicine.

"Therapuetics treats of the *action* and *uses* of medicines in the cure of disease."—(*Stillé.*)

"It (the materia medica) includes two distinct departments, viz.: First. Materia Medica proper, embracing simply an account of the history and properties, physical and chemical, of medicinal agents,

and of their effects on the system in health. Second. Therapeutics, that which relates to the effects of these agents in their applications to the management of disease."—(*Beck.*)

Although Dr. Beck includes the physical and chemical properties, and the natural history of medicines, in the materia medica proper, they are excluded from the present inquiry as plainly belonging to other branches. It would seem that this limitation of the science must ere long receive the assent of all men. It is certainly proper to limit the subject of investigation as definitely as possible. If, however, the distinctions above stated are observed, it is comparatively unimportant whether the subjects are avowedly considered as separate sciences, or are held as branches of one science. But it is essential to exact inquiry, that their inductions be kept apart.

An ambiguity exists in the word medicine, according as it is taken in its relations to science or to use. In therapeutics, a medicine is a substance used for the cure or mitigation of disease. In the materia medica, considered as an independent science, it is a substance which has certain powers and properties which make it likely to be thus useful, even though it may never have been applied to actual use. The ambiguity is avoided by some, by using the term *drug* to designate an agent known to have medicinal properties without regard to therapeutic applications. There is no way of avoiding the difficulty, in regard to the meaning of the terms employed, that is entirely free from objection. It is necessary to use them as scientific terms, in order to bring the subject within the range of logical investigation. And if it is necessary to use one term in two senses, we should be careful not to base arguments on one signification which apply only to the other.

The materia medica has complex relations. In common with some other physical sciences, it has not always been based exclusively upon a rigid observation of natural phenomena. A stage of crude deductions from imperfect data seems necessary as a preparatory process. Even now the effort is a common one, to deduce the properties of medicines by processes of reasoning. And doubtless it is destined to continue as a deductive science, as well as an inductive one. It also has relations to the other medical branches. Induction, though not usually the first to attract attention, is the initial process preparatory and fundamental to all others. This paper will be restricted to these elementary processes, though frequent allusion will be made incidentally to the different aspect in which the materia medica is placed.

Various positions are held on this subject. It is taken for granted by some, that the materia medica, as taught by standard authors comprises such a body of exact and enduring knowledge as fully entitles it to rank as a science. Others maintain that there are intrinsic difficulties in ascertaining the properties of medicines which prevent the inductive process being duly followed, and consequently the materia medica cannot take any other than a very subordinate place. Most physicians, however, have contented themselves without raising the question. They have gathered from various sources what could be learned of the therapeutic powers of remedial agents, without taking the view, that the materia medica itself should be studied separately and inductively.

If the question were asked, whether any attempt has ever been made, to apply the strict principles of science to the development of the materia medica, we might at least assume that no such attempt dates far back in medical history, or has been so successful as to preclude further effort.

Whatever estimate men may put upon the progress already made, no one, surely, who compares this with the other physical sciences can doubt that much remains to be done. Those who worthily claim to be "physicians" or students of nature, must desire the perfecting of all the branches tributary to the practice of medicine.

To accomplish this, the several departments must be constantly advancing in improvement. The improvement must take place in each separately, and also in the relations of each branch to the others.

To perfect each individual branch it is requisite:

1. That it be placed on a well defined basis.

2. That its phenomena be determined by observation and experiment.

3. That the phenomena thus obtained be systematized.

While each particular study is thus in process of development, the relations of the results obtained, to each other and to the other medical branches, are to be determined. We gain in this way, new facilities for further improving the several branches. Thus, through endless ramifications, all are advancing by this mutual interchange of good offices.

For example, anatomy must be studied as a distinct branch of science in order to perfect it. Its phenomena must be gathered separately, arduously, systematically. It must also be studied in its relations to physiology, to surgery, to therapeutics. The applica-

tions of anatomy, to these and to other branches, will open new avenues for the further prosecution of anatomy itself. If, with utility as the aim, anatomy had advanced only in connection with the other sciences, its own progress would have been retarded, and they in consequence would also have suffered. Our object is to treat of the materia medica as an independent science.

The subject has many and tangled relations. There are intrinsic difficulties and others which have been needlessly added. To clear it up as much as possible, we desire to include, in this introductory matter, some additional considerations bearing upon it. We must return to some of them again and again, as is required by the logical unfolding of the several topics. It will be necessary to dwell, more than might be wished, upon the principles and the processes involved, owing to the perplexity which has arisen from the frequent disregard of them.

The materia medica, *considered as a science*, is that branch of knowledge which determines and teaches the properties of medicines. The properties thus taught, include all the effects which they produce on the human system *in its normal state.* Not, to any great degree, effects which occur under exceptional circumstances, as disease, for example, where there is no uniformity of action or of intensity, but such as occur regularly or usually, and whose repetition can be secured, by experiment, an unlimited number of times. When accurately determined and naturally grouped, these phenomena constitute the *materia medica proper* a science of observation and induction. Taken deductively and put to practical use, the results are tributary to therapeutics. The phenomena which make therapeutics an inductive science are the remedial and curative operations of the agents which the materia medica and some other sources furnish to us.

It is requisite for due discrimination and the most successful progress, that the study of the two sciences be kept apart, at least in their inductions. Even if they are considered as branches of one and the same science, the principle is unaltered. The phenomena, on which their conclusions are based, are distinct, and cannot be logically grouped together. The questions to be answered are different. In the one case it is what effects will the given medicine produce; the question in the other instance is, what will cure the disease before us; or it may be, what will alleviate the group of morbid symptoms. As scientific questions, they are to be answered from evidence, independently of each other.

The application of one science to the improvement of the other, or in other words, the relation of the materia medica to therapeutics is a still different matter and is not within the range of this paper. To introduce it would be to raise issues that men are not yet agreed upon. It may, however, be said, that it gives opportunity for the exercise of all the knowledge which can be brought from the various branches of medical study. That application may be either particular or general. It may aid us to learn what contributes to the best treatment of the particular case before us, or aid us in determining principles applicable to a class of cases, or even open to us laws for several classes. The most profound sagacity, the highest inventive genius, with which the human faculties are ever gifted, may here find scope for their exercise.

At the outset of any inquiry, one of the most common difficulties arises from the bias we suffer from preconceived opinions. Our pride, our habits of thought and study, our friendships and our personal history are identified with them. Reason tells us that we may be led astray, even if we are unable to realize it. The world has not yet produced men so wise, on any scientific subject, as not to have found limits to the extent and often to the certainty of their knowledge. The wisest philosophers, the most eminent discoverers have reached such limits and there rejected truths, offered to them, whose possibility they were unable to accept.

How then can we be sure of our own position? How can we know that our most trusted opinions are not distorted by influences similar to those which have misled others? Unless we can claim infallibility, or are indifferent on the subject of moral responsibility, we must sometimes ask ourselves these questions.

The inquirer after truth need not wander hopelessly in the dark. In the physical sciences there are certain principles which admit of definite statement, conformity to which, *as fast and as far as it can be maintained*, gives security. The principles of experimental philosophy have placed one after another of these sciences on a firm basis. To this test each of them brings its tenets. A science that lacks conformity to its methodical system of rules and processes stands insecurely. There can be no certainty that its doctrines of to-day may not give place to other positions to-morrow.

The application of these principles has difficulties, and is subject to some modifications in the different sciences, according to the nature of the subjects of inquiry. But it is found in each of them,

that whenever a way is opened, by which a more strict adherence to these principles is secured, corresponding advancement in the science results.

If a scientific materia medica now exists, it must be in accord with these principles. If such a science is yet to be built up, it must be by conforming, as strictly as is possible in the circumstances, to that philosophy which has done so much for other branches of knowledge. The relation between principles on the one side, and investigation on the other, is a fixed one. Whenever a subject can be mentally separated from other topics, all questions in regard to it are to be referred, singly and as directly as possible, to the observation of natural phenomena.

To apply the principles heretofore appealed to, to the development and to the study of the materia medica, the following things must be done:

1. The subject must be placed on a scientific basis; in other words, the investigation must be restricted within definite limits.

2. The phenomena obtainable by observation and experiment must be determined.

3. The phenomena thus obtained must be compared and classified in their natural relations, considering the end in view.

When these things are done, the application of the knowledge thus obtained to the other branches of medicine, will deductively open new channels of investigation, by which the materia medica can be further developed.

1. To bring any investigation into accord with the demands of science, it is essential that the steps be taken within certain well defined limits. These limitations will be considered under the following heads. The development and the study of the science must be by processes which are (1) inductive; (2) separate; (3) without regard to practical utility; and (4) definite.

(1.) It is to be borne in mind that *induction* is the essential part of the process and that it must be as direct as is possible. Nothing must be omitted that will add to the accuracy, to the completeness, and to the availability of the inductions; nothing must be admitted as a substitute for them. There are other things necessary to complete success, but in each of them deficiencies may occur or mistakes be made without involving failure as a matter of course. Logicians tell us, justly, of the importance of hypothesis, of observation, of generalization and of various other processes. Yet in either of them

single errors may occur, and yet not be fatal in our search for truth. Theoretical deductions often occupy an important place. The anticipations are often the first suggestion of facts afterward made rigidly proved. But the scientific value of such deductions entirely depends on the accuracy of the inductions. Probably every science which has been built up deductively, and afterward been made the subject of rigid inductions, has had its positions materially altered or completely revolutionized.

To illustrate: A man may find that a teaspoonful of a new medicine, taken into the stomach, is followed by vomiting. This observation may be the starting point in the investigation. If the same phenomenon occurs in repeated instances, with different individuals, we obtain the generalization that the article experimented with vomited a dozen persons. If due caution is used to exclude other agencies, after a while the inference would become indubitable, that the substance had a tendency to vomit any healthy person. This is an induction. It is knowledge not included in the direct observation, for we cannot experiment with everybody, nor is it part of the generalization, for that included only a limited number. It is drawn from the facts by a mental operation, the inductive process. In the development of a science at any given stage, if the induction is not secure, every other inquiry, suggestion and process, is impertinent and misleading.

If, now, it is already known, by other evidence, that is, by another class of inductions, that the process of vomiting has been useful, the inference may be drawn that the new drug would include those uses within its powers. This inference is less direct. It might be true, or it might not be, without raising a question as to the emetic properties of the drug. But if either of the two inductions be false or untrustworthy, the conclusion must share its weakness. If it be said that that conclusion might itself become an induction from trials on the sick, we concede the claim. But this is an induction of another science, therapeutics, and has no place in a scientific materia medica. That a medicinal agent has the power to produce a certain effect on a healthy man may be an induction of the materia medica. That it will produce a similar effect on a sick man, may be a therapeutic induction; or, as some would say, it may be an induction of the materia medica, using that term in a broader sense than that now advocated. In either case, to infer one of the facts from the existence of the other is not an induction, for the circumstances

in the two cases are different. To establish it, would require that experiments be made in disease, and indeed in each particular disease, and thus the inquiry is removed from the domain of the materia medica proper.

To return to the supposed trial of a new medicine. We have seen how a preliminary induction may be obtained, namely, the emetic power. If the drug is capable of producing another effect, that also should be ascertained. The process should be continued, according to methods and subject to cautions, which will claim our notice presently. It is essential that all the effects of the medicine should be ascertained. If the article in question has been made the subject of investigation during the whole history of medicine, the process is not complete as long as new facts can be determined, by applying the principle of induction to the results of observation and experiment. If more exactness or completeness can be pointed out than that secured, the whole science, must if need be, be held subject to reconstruction. Moreover, while one substance is thus treated, it is to be presumed that other medicines are being subjected to the same process and the inductive principle is to be applied to them jointly, to the extent that two or more substances may elicit like results.

These remarks have been extended in order to bring before the mind the important place which induction holds amid the processes concerned in determining scientific truth. The principle under consideration is violated whenever speculations, theories or indirect deductions take the place of rigid inductions. Science should be based on the latter. The former have other uses.

Tested by this principle, it will be seen, doubtless, that all the works on the materia medica, except quite recent ones, are entirely deductive in their character and make no attempt to determine the properties of medicines by inductive processes. These properties have been ascertained chiefly by processes of reasoning from limited data. It was long maintained that "the faculty or power of medicines, depends chiefly upon their general qualities of heat and cold, dryness and moisture. This doctrine, however, unfounded and erroneous, was implicitly followed by all the physicians of Greece, who succeeded Galen, as well as by all the physicians of Asia, Africa and Europe for at least fifteen hundred years." "Medicines were everywhere explained by the *cardinal qualities* and their different degrees, with very little reference to anything acquired by experience."* Cullen's

* Rees' Cyclopedia.

"Treatise of the Materia Medica," is the best exposition of the stat science at the close of the last century. Cullen and his disciples taug follows: "In general, the means by which the remedial or medic character of different substances are determined at the present are their own sensible qualities, their botanical affinity, their chem analysis and general experience." By *experience* was meant knowledge obtained by the use of medicines in disease. He g the results of a few experiments on brutes, some facts elicited by dental poisoning, but there is no allusion to the methods of exp mentation now deemed essential to success. In short, the idea scientific materia medica, as we now use the term, had no existe

A few years later, Dr. John Bostock wrote as follows, showing preception of the error of previous methods and his failure to the true process. "That all the attempts which were made to a tain the properties of the materia medica from hypothetical princi were of no effect; that experience ought to be the sole guide; that the only method which promised any success, was to col from the best sources of information, the most authentic facts and arrange the facts thus obtained in a scientific form."

We find about this period, the first traces of a science of obser tion and induction. Many of the most characteristic operations medicine were still unknown and inferences were drawn from imp fect data, which often led to positive error. But medicines were n for the first time made the subjects of direct experiment. Gradual different explorers reached the true method. The doctrine as tau by them, and the practical results gained in accordance with it, w be noticed at subsequent stages of this inquiry.

(2.) To place any branch of knowledge upon a scientific basis, t science itself and each of its particulars must be investigated sing This isolation includes the end aimed at, the processes followed a the material collected.

A science has its own *aim* to which its processes are to be subord nate and its material is to be tributary. In the case before us th aim is to ascertain the operations of individual medicines. If a other end is *prominent*, the mind will be turned aside. Thus f example, to seek a presumptive explanation of some well-know remedial action, is tempting and instructive. It may open facts pe taining to the materia medica and of course be useful to us. But i is not coincident with the precise thing to be aimed at, and *by itsel* might lead to distorted results. Search for the *modus operandi* o

medicines has many times led to error. Again, to make the development of the materia medica to consist in finding agents that will meet the wants of exceptional cases, or in other words, to identify it with therapeutics, is to turn it aside from its direct aim which demands at least, approximate uniformity and exactness. A chief reason why the materia medica has had so little of a scientific character, is that it has lacked singleness of aim.

Again, the *methods of investigation* are to be those which experience shows to be best adapted to secure the result aimed at. They must be distinctly appropriate to the end in view. They grow up gradually, with each science, inspired by those fundamental principles and processes which give basis to the other sciences of observation. Some of these processes as applicable to the materia medica, will come under our consideration hereafter.

The *material* to be gathered, consists of the phenomena which are applicable to the inductions of this study, that is, those which bear directly upon the end in view. All other things have a subordinate place. The phenomena of other sciences may indeed be useful in two ways, suggestively and instrumentally. Knowledge gained from other sources is often useful to the explorer, by suggesting new avenues of inquiry, by opening new methods of investigation and by rendering various preparatory aids and cautions. Such knowledge may also help us instrumentally by aiding our conceptions and giving us clear, exact and appropriate ideas on subjects which come under our cognizance. But no phenomena are to be admitted to the inductions of a study except those elicited by its own processes or at least those which pertain to its own province. The facts pertaining to a natural secretion in a healthy person are phenomena of one science. The suppression of that secretion by natural disease, appertains to another science. Its restoration, if by remedial power, belongs to a third. Whatever effects are produced by the action of drugs upon the secreting organs and functions of persons in health, are the province of still another science. The phenomena of any one of these branches may throw light upon the others. But its own questions are to be finally settled in each instance by the facts of its own department. The generalizations of one science are never to determine the inductions of another. Instead of being useful, they may be mischievous by diverting the mind away. Each science is to be studied separately by all means, and then relatively also if possible.

In studying the materia medica as such, the facts of chemistry have only a subordinate place. That two substances have similar chemical relations, is not to be introduced as a fact of the materia medica, nor are any inferences to be drawn from it, for such agents may have quite different medical properties. Nor are the facts of botany or pharmacy to receive an unquestioned admission, but are only to be used as suggestions or as instruments like those of anatomy and physiology. Even the phenomena of therapeutics have no proper place in such a materia medica. That lime will check some of the natural secretions, is a fact of the materia medica. That it will correct or modify a morbid secretion, is a therapeutic fact. To allow these two facts to stand side by side may be useful to the practical physician. But if he is studying a science as such, it is indispensable that its phenomena should be studied separately from those of every other science; and when classified, that each be classed with its kind.

The process of separating the inductions is to be continued indefinitely. Not only must the sciences be studied apart, but each topic must be separated from every other. New facts continually call for further analysis. At every stage of the investigation, the analysis of the phenomena is to be carried to its utmost limits before the process of synthesis is begun. In order that the experiments be worth anything, each drug must be studied by itself, and while its properties are being determined, all other influences should as far as possible be excluded.

In other sciences, this principle receives an unquestioning assent. If the works on the materia medica which are held as standard authorities ignore it, if the properties of medicines as determined by observation and experiment are intermingled with those which belong to other branches, if their authors make no claims to separate the materia medica from therapeutics, if their works are so constructed as avowedly and inevitably to unite the two studies, if their aims, their processes and their material are linked together in a tangled web, then the claim to scientific method cannot be sustained.

(3.) It is to be noted still further, that at this period, or during the stage of scientific inquiry, no questions are to be raised as to the final use to be made of the facts elicited. Such questions pre-occupy the mind, they distort our conclusions. "At the beginning and for a time we seek experiments that may afford light, not profit." We must study a science for its own sake and not merely for what it

omises to pay. If it is urged that in medicine, utility is the very ject of all our research, we admit it. To the practical physician, rapeutics or the cure of disease has certainly a more important ce than even the materia medica has. But the perfection of the e depends on the full development of the other, and the materia dica cannot be developed in its fullness and purity except by the thods of pure science. To object, as is sometimes done, to an erted fact as unimportant or irrelevant, is to renounce all claim to entific method. We cannot measure in advance the importance natural phenomena. No fact is unimportant to the scientific quirer. However trifling it may seem, it may open to us one of ture's secrets. She punishes those who despise her little things. ll attempts at premature application are sure to destroy the purity d the accuracy of science and thus inevitably to impair its ultimate efulness.

(4.) While the phenomena to be observed or sought, are not to be eighed or measured as to their supposed practical importance, those ly are useful in science which have definite relations to each other d to the subject of inquiry, and which can be re-produced by periment, if their verification requires it. Uniformity and exactess must be aimed at and secured. The problem is, to obtain the rmal or uniform effects which are produced by medicinal agents on e living human organism. There are some facts which will *provisionally* aid this inquiry, though they are not the phenomena ought. The operation of medicines on brutes are at times of this haracter. But sometimes these effects are entirely different from e effects produced on man, and hence the former should be cluded altogether or made to take a subordinate place. Experiments on any animals may be useful suggestively. But the precision sential to science cannot be secured, if facts of such a character are admitted to its inductions. Anatomy suffered because dissections were for ages chiefly restricted to brutes. The materia medica still suffers from a similar cause.

It is just so in regard to the effects which medicines produce in disease. These effects are twofold (1), remedial, and (2), disturbing. The remedial effects of medicines and of some other agents, give basis to the science of therapeutics. They occur when morbid phenomena, processes and results are removed by medicines. On the side of utility, these effects may fully rank with those furnished by the *materia medica proper*. But the two classes of phenomena

occur under circumstances so different in character, that they cannot be made the subjects of the same scientific classification. This is also true of phenomena which occur incidentally, when medicines are taken by the sick, under the form of more or less disturbance of the organs and functions. Unless these phenomena are known to be identical with what would occur in health, they are not to receive an unqualified acceptance into the materia medica proper. They may be useful as clues; they may suggest channels of inquiry; there is a sense in which they may be said to belong to the materia medica; but until confirmed by experiments in health, they cannot be trusted as guides to a true science. The action of medicines in disease does not always agree with the results of experiments on healthy persons. Morbid processes modify the operations of medicines. The infinitely varying phases which human maladies present, make the modifications innumerable. Moreover, the morbid operations will be mingled with those of the medicines, and cannot be distinguished therefrom. So that, however useful to therapeutics are the operations which medicines produce in disease, they are out of place in the generalizations of the materia medica.

Having thus determined the fundamental principles according to which the materia medica is to be cultivated, we turn to consider briefly what attitude has from time to time been taken in regard to them.

The first suggestion of a scientific materia medica is attributed to *Haller*. In the preface to his Pharmacopœia, about one hundred years ago, he taught that a medicine should be made the subject of experiment on persons in health. That the operations thus elicited should be carefully noted and that afterward the effect on the sick should be determined. It does not appear that the suggestion of Haller attracted attention, or that he instituted any experiments in accordance with it, or that it led to any practical result.

About twenty-five years later, Samuel Hahnemann taught the same doctrine with great earnestness. He instituted a series of experiments on his own person, and secured the coöperation of his friends in the process. I quote his words on the subject:

"It is necessary to have recourse to pure experiments made with care for the purpose of developing the properties that belong to medicines and the true effects which they produce on healthy individuals." "There is no safer or more natural method of discovering the effects of medicines, than by trying them separately and singly in moderate

doses upon *healthy* individuals, and observing what changes they create in the moral and physical state; that is to say, what elements of disease these substances are capable of producing."

Henceforth, this method became a subject of discussion. Opinions as to its merits were divided. Some looked upon it as untrustworthy, Gradually the profession has reached, at least theoretically, the position indicated by the following extracts:

Pereira says of it (vol. i, p. 119): "The study of the effects of medicines in the healthy state, is the only way of ascertaining the pure or pathogenetic effects of medicines; since when we administer our remedies to invalids, the symptoms of the natural disease then existing, mingling with these which the medicinal agents are capable of producing, the latter can rarely be distinguished with any clearness or precision."

In the year 1840, George B. Wood addressed the medical students of the University of Pennsylvania in the following language:

"Having selected the subject of experiment, you are first to ascertain its effects upon the human system in health. Try it upon yourselves, upon your friends, upon persons of different sex, age and temperament, beginning with doses which you know to be safe and gradually ascending till its activity or inertness is evineed. Ascertain its influence upon the brain and nervous system, upon the stomach and bowels, upon the heart as indicated by the pulse, upon the temperature of the body, upon the secretions, and in fine upon all the healthy functions. Note all these effects carefully, as you observe them, but at the same time be very cautious not to confound those changes in the system which may result from mental influence, or from the operation of ordinary or accidental causes, with those which are the genuine product of the medicine. Do not be satisfied with a single trial in each case, but repeat it with varying circumstances till there can no longer be a doubt of the actual effect produced."—(*Introduct. Lect.*, Phil., 1840.)

Dr. Wood's "Pharmacology" has the following passage (vol. i, p. 31):

"The only certain means, therefore, of judging of the effects of medicines, is to observe carefully their operation in man; and even in this mode, multiplied observations under diversified circumstances, and a most cautious comparison of results, are necessary to arrive at the truth. From the want of these precautions, many errors have been handed down from writer to writer for many years; and even

at the present time there are medicines which have been long in us upon the precise virtues of which opinion is yet unsettled."

Prof. Alfred Stillé (*Op. Cit.*, vol. i, p. 32) has the following passage

"The uniform action of a medicine upon healthy structure or fun tion is its physiological operation; its curative action or function called its therapeutical operation. To determine the former is co paratively easy; for, as compared with the abnormal, the norm action of the system may be viewed as constant and uniform. B the latter involves infinite difficulty, for we are required to determi the influence of an agent upon functional and structural conditio with the natural termination and tendencies, of which we are on imperfectly or not at all acquainted. Whatever else they may d experiments upon the healthy organism can never fully reveal th manner in which medicines cure disease, because in the latter case a element is involved which does not exist in the former. But if w are ever to acquire a distinct idea of the curative operation of med cines, that is of their operation upon the tissues, organs and functio when they have departed from their normal condition, we mu possess a standard with which to compare the effects that medicin produce; and, however imperfect it may be, no other standard i available than the operation of the same medicines upon the health economy."

John Stuart Mill (*Logic*, p. 266, New York ed.) has the following "Besides natural pathological facts, we can produce pathological fac artificially; we can try experiments even in the popular sense of th term, by subjecting the living being to some external agent. As thi experimentation is not intended to obtain a direct solution of any practical question, but to discover general laws from which, afte ward, the condition of any particular effect may be obtained by deduction, the best cases to select are those of which the circumstances can be best ascertained, and such are generally not those in which there is any practical object in view. The experiments are best tried, not in a state of disease, which is essentially a changeable, but in a condition of health, comparatively a fixed state. In the one, unusual agencies are at work, the results of which we have no means of predicting; in the other, the course of the accustomed physiological phenomena would, it may generally be presumed, remain undisturbed, were it not for the disturbing cause which we introduce."

Another extract from Stillé may be made. "The results of clini-

cal observation cannot in general be legitimately invoked to demonstrate or even to illustrate the physiological mode of action of a medicine." (Vol. ii, p. 62.)

It must be obvious that a source of knowledge or method of investigation until recently unrecognized, now takes precedence in importance of all others. To what extent the operations of medicines have been actually determined in accordance with it and consequently are available to the strict study of the materia medica, will be noted hereafter. It is sufficient to observe for the present, that the process hitherto advocated has received the highest sanction which is possible short of the confirmations of experience.

In developing the materia medica there are some other restrictions to be noted, that will more properly come under subsequent topics.

To sum up the principles on which the investigation is to be based. We should conduct our inquiries independently of the phenomena and processes not concerned in the subject of inquiry. The inductions should be as rigidly distinct as our mental conceptions will make possible. It may be added moreover that the peculiarities of speculative inquiry, the dogmas of schools and systems and the bearing of the results reached, upon the practice of medicine should be conscientiously excluded.

2. Having determined the limits within which the investigation is to be conducted, the next thing to be done, is to gather the phenomena. To obtain the phenomena of the materia medica, as the other sciences of observation do theirs, is the problem before us.

(1.) Observation and experiment are to be resorted to, under the restrictions stated, and with a single end in view. A medicine or drug is to be made the subject of experiment, the one object being to determine what effects it will produce on the human organism in its normal state. All the effects short of suspension of function or serious injury to tissue need to be known. We are to learn what functions it will stimulate or depress, or in any way modify; what organic changes it will produce; what are the characteristics of such activities and their varied relations, direct and sympathetic; what relations may be determined with reference to time, to intensity, to permanency, to periodicity; what mutual relations the phenomena have to each other, as of alternation, correlation or substitution We are not to overlook the distinction between effects that are primary, secondary, and ultimate. It is of the utmost importance to learn what order of succession, phenomena tend to assume.

Causes and effects make an endless chain, or a network of which the meshes are unlimited. We are to be continually adding to our knowledge by obtaining new links. But we are to count as our sure possessions, only ascertained facts and not those hypotheses by aid of which some of the facts may be obtained.

The medicine should be made the subject of experiment under every possible variety of dose and circumstance. As to dose the entire range should be canvassed, between inertness on the one side and the limits of safety on the other. The experiments should include every variety of constitution, age, and sex. In each instance they should be continued as long as new facts can be got thereby.

The facts of sensation are the starting points of all science. The effects which the drug is capable of producing, which can be seen or felt or perceived by any of the senses, should be learned with as much particularity as the human mind is capable of. Thus, in such a record, pain will have a prominent place. The observations should include its various locations, its kinds and its modifications and every positive fact appertaining thereto. The great thing in science is to obtain these particular facts. As to generalization, effects should be grouped according to their degrees of likeness and to their relations to the end in view. But generalizations should be no faster than this grouping makes inevitable.

In conducting the experiments the utmost precision and accuracy are called for. The precision relates chiefly to the degree with which the minute characteristics of individual medicines are determined. Accuracy requires the excluding doubtful phenomena and securing all those which are duly accredited. If the degree, in which these qualities are secured, falls short of what the mind is able to conceive, we should not feel satisfied. Unexpected facts are to be admitted on sufficient evidence. On the other hand, phenomena which there is reason to anticipate, are to be looked for and secured. In this way the operations of medicines *in disease* will suggest new avenues of inquiry.

The experiments call for the coöperation of many observers. They should be repeated as often as may be necessary. The inductions are not to be considered as complete, as long as obtainable evidence can modify or strengthen them.

No source of knowledge is to be neglected, which will furnish trustworthy facts. We should avail ourselves of individual and voluntary experiment and of accident such as in cases of poisoning.

The testimony of witnesses, oral and historical, should be taken, weighed, compared, collated and used or rejected according to the strictest rules of evidence. What use shall be made of the material accumulated by others, is an important question. It is embarrassed by the fact that there are differences of opinion as to the degree of credibility of what is offered. The principles by which his own investigations are guided would be a test of the merits of what others teach. But the physician is often debarred from using that test, by the presumption, conclusive to his own mind, that what is offered to him as unworthy of investigation or even of notice.

Experience will elicit methods and cautions which cannot here be discussed. The preparation of the agents to be experimented with, the size of doses and their repetition, the particular methods to be followed by the persons experimenting, and manifold other points are to be attended to. Of course, the building up a science is not an easy process. Each has its own difficulties. In determining the special characteristics of a single medicinal agent, there are many circumstances to be taken into account. But a great point is gained, when the process is once brought under scientific rules.

We have already seen that this method of studying the materia medica was not recognized until recently. We have also seen that it has already received very high sanction. From the limited period since its reception by the profession, we should expect that the practical results gathered by it would be meager. This we shall find to be the case, especially if we compare this science with those in which the inductive principle has been applied for a long period. No accurate details of these operations can be gathered from the earlier writers, except in the case of a few substances, which having poisonous properties became known through accidental experiments.

Cullen's materia medica begins with a brief history of the science. This is followed by an account of several hundred medicines. Neither in the historical sketch nor in the work itself does there appear to be any trace of the directly inductive methods of study, and consequently there is no material for such a science. Whatever facts were gathered in regard to a medicine are usually referred to generic propositions, which are more or less speculative. That it is a tonic, or sedative, or diuretic, etc., was made to include not merely the ascertained phenomena of the medicine, but also theoretical views as to its mode of action.

Prof. Eberle's work doubtless fairly represents the state of the science fifty years ago. What has been said of Cullen is nearly true of Eberle. Less importance is attached to certain theoretical deductions, and more to others. Therapeutic experience is held as the chief source of the knowledge of medicines. A few scattered allusions are made to experiments made in health. But the properties of most medicines are given without any notice of such experiments. It is nowhere recognized that this is the true way to secure a trustworthy materia medica, or that a knowledge of the action of medicines upon the sound organism is requisite if we would understand their curative operation in disease.

Some twenty years still later, Pereira's great work was published. Now we find the effects of medicines in health have assumed an important place. Many such facts are given by Pereira. Each subsequent work on the materia medica brings us greatly increased material for its scientific study. But very much remains to be done. Even now the operations of medicines, as taught by the latest standard authors, are, with few exceptions, either the effects elicited in disease or inferences from processes of reasoning, not inductions from physical phenomena. The aim is to obtain generic facts rather than to make the most of the particular phenomena on which the generalizations are based. But it is one thing to make a medicine the subject of experiment in order to elicit a class of facts or to confirm certain therapeutic deductions. It is a vastly different thing to institute and to complete a series of experiments, whose aim shall be to learn patiently, arduously, conscientiously, all that can be known of the physiological action of a medicine, even in directions which seem the most trifling. Is there any work on the subject which occupies a place which in other sciences would be deemed creditable, such for example, as Miller's Chemistry, or Gray's Botany, or Wilson's Anatomy? Is there a record of the operations of any single medicine, on the various organs and functions of a healthy man, which can be offered as tolerably thorough and complete? These questions will not be likely to find an easy or a flattering answer.

The subject might be indefinitely illustrated. If rhubarb is capable of producing any effects on the pulse, on respiration, on the brain and nervous system, on the temper even, science calls for their determination and formal statement. To detail only the effects of rhubarb on the bowels and the secretions, and then to turn to the uses of that agent, is less than we might expect to be done.

Phosphorus has the power of causing a painful affection of the jaws with necrosis of the bone. There will be disorder of the digestive organs and inflammatory fever. The disease may extend and involve the soft and hard parts in gangrenous destruction, and finally cause hectic fever and death. A scientific materia medica will recognize these evidences of power, and make such an agent the subject of elaborate experiment. It will endeavor to obtain all the symptoms caused by phosphorus. Questions of practical utility will be kept in abeyance.

Lime is known to have useful properties in affections of the skin, the mucous membranes and the urinary organs. It is an important constituent of the living tissues. Many questions might be asked in regard to its action in health. Who can tell what effects it produces on the operations of the mind? It would seem to be of the highest importance to determine accurately and precisely, its action on the human system in its normal state. Any work on the materia medica which lacks such a record, is incomplete.

Carbonate of potassa is a substance of which similar remarks might be made. The time will come when the medical historian will inquire and record to whom the world may be indebted for minute accounts of the properties of such agents.

Sulphur is known to modify profoundly certain vital actions. A record of its operations worthy to be called scientific, it would cost some labor to find.

Suppose it were asked, what are the changes which will be wrought upon the blood, upon the nervous system, upon the skin, upon the muscular and osseous tissues, by the repeated administration of magnesia to a healthy person. Doubtless some effects would be produced. Where is there a scientific statement of them unmingled with other matter? The mineralogist and the chemist would expect to be able to give the relations of magnesia which pertain to their sciences. Except the laxative and antacid properties of magnesia, there is hardly a physiological effect of this substance given by any standard author whose works we have seen.

If the chemist were asked what is the difference between the relations of gold and of mercury to oxygen, he would feel that the credit of his science suffered, if an answer could not be given. If the question were asked, in what does the action of these substances differ as related to sleep, or to the action of the mind, or to the functions of the several organs, if prompt and satisfactory answers

could not be given, the science of the materia medica admits of improvement.

(2.) We have stated the principles and the methods which should guide us in obtaining the facts. The next step is to bring our knowledge into the form of language.

The facts are to be embodied in words, and recorded with the same principles in view as those which guided us in their determination. The utmost exactness and precision of thought and language are needed.. Most of the mistakes made, and of the controversies which exist, are caused or aggravated by the ambiguity of terms.

The records of different sciences, and the inductions of different topics, are all to be kept distinct. None of the purposes of a science can be secured unless this is done. If we had no statement of the properties of a mineral except such as were intermixed with its chemical properties, its geological relations and its practical uses, mineralogy could not claim a very exalted place among the sciences. But if many a record of the properties of a medicine were sifted of all details as to its uses, and of its relations to other branches, it would hardly consist of as many lines as it now occupies pages.

The phenomena should be recorded in terms free from speculations about their causes. Other sciences have found that a knowledge of the ultimate and inward processes of nature in the production of phenomena is unattainable. The search for it, though it has led to valuable discoveries, has been misleading and always will be. And yet hypothesis, speculation and theory are useful. They are indispensable to progress. But they should be used as anticipations merely; as channels of investigation and never as scientific data. The two things should be kept apart, and the speculations should never have place with the simple facts of observation.

That iodine causes emaciation is a matter of fact statement. That it does so because it "stimulates the absorbent system" is a theory merely. In a record of the depressing effects which mercury produces on the nervous system this passage occurs: "It is alleged that these effects are traceable to the direct action of mercurials upon the nervous centers, by means of which their fatty constituents are removed." The works on the materia medica, using the term in the broad sense, overflow with such speculations or such generalizations. They should not take the place of the plain methodical facts of science.

The record should be made not in terms of theory but of simple fact. General terms should not be used except where their signifi-

cance is limited beyond question. All hypotheses, all theories should be excluded from the generalizations. "The most rigorous conditions of gradual and successive generalizations" should be adopted. Nothing should be deduced from the facts of observation except what they inevitably include. To say that nitric acid exerts a tonic action is not strictly a scientific statement. We need the particulars, *e. g.* increase of appetite. That nitrate of potassa is resolvent, antiseptic, antiphlogistic, diuretic, purgative, etc., is not definite enough. Medicines are freqently said to have sedative effects or stimulant effects without detailing the phenomena on which the general facts are based. Such a course may have its uses. To build up an exact materia medica is not one of them, however.

The following statements as to the effects of cinchona I find on a single page of Pereira:

"The general operation of cinchona bark," observes Sunderlin, "consists in the *increase and exaltation of the tone of the irritable fibres and of the fibres of the vessels* (hence by its use, the pulse becomes fuller, stronger and regular, and the muscular power increased); also, in the *general augmentation of the cohesion of the organic mass*) hence it counteracts a tendency to liquefaction and disintegration, diminishes profuse secretions which proceed from atony of the extremities of the vessels, and of the secerning surfaces and organs, and improves generally the crasis); and lastly, in *augmentation of the vital energy of the sensible system.* (By the last mentioned property it restores sensibility, when defective or abnormally increased, and the property of reaction of the nervous system, to their normal state, and augments the influence of this system on the muscular fibre and on the reproductive system.") Vol. ii, p. 684.

The following quotation is made by Christison from Hahnemann, who, in the words of Pereira, "graphically described the condition of slow poisoning by arsenic as 'a gradual sinking of the powers of life, without any violent symptom; a nameless feeling of illness, failure of the strength, an aversion to food and drink and all the other enjoyments of life.'" Vol. i, p. 533.

This is a plain statement of facts. It is available as a contribution to one's knowledge, whatever may be his opinion. The other is so filled with speculations and generalisations that its value is much impaired.

3. The facts having been ascertained and stated clearly, they are to be arranged in their natural relations, that is, their relations to

each other and to the subject of inquiry. This includes (1) comparison of the phenomena and the noting resemblances and other relations, and (2) classification of the several powers and properties of each agent.

(1.) Among the logical processes, next to the observation of phenomena, is the comparison and analysis of them. Indeed, these processes cannot be separated, and immediately after comes another generalization, itself, also, to some extent inseparable from the other. Comparison is a complex process, or rather a number of processes. Its applications are numerous. One of them pertains to the order of succession in which the facts appear. Another of its most simple exercises is that whereby we refer phenomena to their relations of sensation. The impressions made upon the sight, the touch, the taste, etc., vary in kind and degree. Resemblances and diversities in endless variety are to be noticed. New grounds of comparison will continually occur. Here and elsewhere we may be aided by inference and deduction. Yet here and always we are to adhere to the simple facts of observation as strictly as possible, and refer to them our decisions whenever new means of obtaining them can be found.

(2.) The phenomena, having thus been analyzed, are to be brought together in their natural relations, with reference to the particular subject of investigation. This will distribute them into groups, such for instance, as involve the order of sequence, or similarity of kind or relation to some organ, system, function, sensation or quality. It will be necessary to repeat them, at times, in order to bring out their various relations. But the theories, the phenomena and the generalizations of other studies or topics must be allowed no place. Every natural science has gone astray, until this principle of classification is complied with.

The results of the inductive processes are to be grouped, on the principles thus stated. Precise details as to the course to be pursued cannot be given in advance. Sciences differ according to the object in view. What is essential is, that systematic arrangements be made, which shall include the facts of science and exclude everything else, and place the facts in their relations to each other and to them only. Thus we secure command over the knowledge acquired, and can see where it needs to be added to. This is not done where a few inductions are buried under a mass of speculations, deductions and reaching after practical utility.

The particular end in view in the materia medica is the determination of the special properties of medicinal agents. What organs each acts on, what functions it modifies, and what activities it arouses. Hence it follows that though we may not be able to specify precisely that classification of the properties of medicines will be found most useful, it is plain, that some such groups as the following should be made.

In one group will be brought together the relations of the medicine under experiment to sleep, including wakefulness, dreams, etc. We are to note the various degrees of sleep induced by it, from a light slumber to the most complete stupor. The peculiarities of pulse and of breathing, and other symptoms occurring during sleep under its influence, such as starting, snoring, moaning, are to be observed. Dreams and mental impressions are not to be overlooked. Symptoms which occur on waking are to be recorded also.

Our knowledge of this class of symptoms, as elicited by one agent, is quite exceptional. The chief properties of *opium*, in this direction, happen to be well known. A good account of them is given by Dr. Wood. This fact suggests the wish that in this way all the symptoms relating to sleep, which it is possible to obtain, should be secured in the study, one by one, of all the articles which compose the materia medica.

The respiratory organs and functions form another natural group, including, of course, the breathing, cough, and its varieties, the secretions and various subjective and objective phenomena. Other groups will be formed from the various organs and functions, as for example the cerebral, the gastric, the abdominal and the urinary. Besides these topical arrangements, the phenomena should be classified so as to show their other relations, such as those of quality, of casuality, of intensity, etc.

After a while a classified schedule can be made, according to which the properties of a medicine can be arranged as fast as they are ascertained. It will present at a glance, the symptoms relating to any subject. It will give the means of comparative and differential diagnosis between medicines. It will show where deficiencies in our knowledge of a medicine call for further experiment. Other branches of knowledge do not take the name of science until some such classification is secured.

If we now desire to know the effects which *aconite* produces on the respiratory or on the abdominal functions, we shall be able to

find them in their places. It will not be necessary to search for the amid other details. If an account were called for, of the sympto which nux vomica causes relating to the brain, it ought to be possib to turn to a classified record, where they are distinctly stated separ from all other phenomena. Whether this can be done or not will seen by him who makes the attempt. It is said of veratrum albu that "it produces a small, feeble irregular pulse." This is well. how many other medicines can we turn to the record and witho unnecessary delay, learn the minute peculiarities of pulsation caus by them?

Suppose it were asked what effects are produced on the tissues the mouth by chlorate of potassa. This is a plain question a should find a ready answer. Turn to Stillé. The answer must culled amid various details, pathological, therapeutical, historic speculative. Collecting such particulars as bear upon the point befo us, the record is as follows: "The surface of the tongue and gum are of a florid red." "A sense of constriction of the mouth" occu "The gums felt rough, the saliva somewhat increased and m fluid than usual." "Copious salivation with a saltish taste in t mouth." What more might be elicited on this subject, by care experiments on healthy persons, does not appear, but the followi statement renders it probable, that something further might be reache "It is a curious and interesting fact, that occasionally chlorate potassa produces ulceration of the mouth, when administered f diseases in which the buccal membrane is unaffected." Stillé ad the following. "These facts prove that the medicine is a powerf stimulant, and that it is curative of the various diseases in which is administered, by virtue of its stimulant power." Such a mode deduction, by embodying the facts of science in generic proposition from which inferences are drawn, has been very common in the hi tory of medicine. It will be seen that it is different from th classifications we have advocated.

In making our classifications we must not content ourselves wit merely bringing together the phenomena belonging to a topic, a a row of figures are arranged, or as beads are strung. Their rel tions to each other are manifold. We are to welcome any induction that will aid the mind to understand these relations, or to judge o their characteristics, their relative importance and their bearings o other topics. From the nature of the subject, the process is to be almost indefinitely continued by new contributions. But all theories,

all generalizations that are largely speculative, all suggestions from other sciences, all practical applications are to be severely scrutinized or rigidly excluded.

The materia medica, as found in standard authors, is in a transition state. To some extent it is assuming the character of a science of observation. It is adding to its phenomena and securing a more perfect knowledge of them. This has not been so long. Even now a very large proportion of its conclusions are theoretical. Deductions from processes of reasoning are deemed essential to a scientific explanation of the operations of medicines. Heretofore such inferences have usually proved to be imperfect, and have often been exploded by the progress of investigation. What will be the fate of those now dominant, remains to be seen. The acquisition of new phenomena will doubtless modify many positions now held as secure.

In the meantime, we have virtually two sciences asserting their claims upon us. As compared with each other, one is inductive and one is speculative. They cover in part the same ground, they overlap each other at points, they modify each other in different degrees.

Unless the materia medica proves an exception in history, the science of observation will gradually assume more and more the characteristics which mark a true science, and reconstruct and absorb the other, whose basis is chiefly speculative.

We may apply Lord Bacon's formula, quoted on a preceding page. There are two ways of studying the materia medica, and can only be two. The one starts from the particular facts of sensation, takes a flight to the generic properties of medicines, and, from these generalizations, invents and judges of their intermediate powers. The other method collects its facts from the phenomena of sensation also, but ascends *continuously and by degrees*, and in this manner arrives at its generalizations. The latter method is the true one; but, until the present century, untried.

A department of knowledge founded on the principles and developed by the methods which have been inculcated, will have certain *characteristics*, which will show that it is entitled to a place with the other physical sciences. Of these characteristics the following may be noted.

1. It will be *systematic* in its scope, aims, and construction. It will be found to consist of, or to comprise an unlimited number of objects, powers or materials. In one science it is minerals; in another it is the heavenly bodies. The subjects which make up a science

will have certain properties in common, with individual characteristics. They have been compared to a bundle of rods, no two of which are exactly alike. Thus in botany the subjects of inquiry are plants. Those which agree in certain properties are, for convenience of study, classified together. The members of a class are broken into groups by differences. Thus the divisions go on until individuals are found, which are characterized by particulars or by combinations of particulars peculiar to themselves. In every case, it is these individual peculiarities, rather than those which are generic, that it is most important to seek. The importance of the generic distinctions and of the various methods of classification, is to aid us, in knowing the individual features.

The agents which constitute the materia medica a science, are those substances which are found capable of exerting modifying influences on the bodily organs and functions. These operations are infinite in number and in variety. In determining the minute effects of medicines, the reactions of one organ upon another are numerous and complex. The same confusion arises which occurs to the student of every other branch. Method must be resorted to for success. It requires minute analysis and careful discrimination to determine the peculiarities of each individual. Medicines may cause "physiological" disturbance of the entire economy. The history of a medicine will of course specify its effects on those organs on which it chiefly acts. But it will also affect other organs, and these symptoms are to be noted. The acting on one organ causes reactions on others, and thus, in ever branching, ever varying ways, the medicine may awaken sympathies in every part. The completed record includes them all. All are wanted. There is time enough to obtain them all. What one man fails to get, another must seek. What one secures, is to be added to the past and increased by future acquisitions, until another natural science is built up, to take rank with those, which now link God to his creatures.

In these sciences we are taught, that no two objects are alike. Each has its special powers, properties and uses. It is for us to determine them. Systematic analysis enables us to do so. Classes are subdivided into groups and these into individuals. The further the analysis of any effect common to different medicines is carried, the more characteristic are the distinctions. The more complete the apparent resemblance between substances, the more definite, subtle and delicate are their peculiar features found to be. This is true

ewhere. Why not in medicine? It cannot be, that one science fers from others in this respect. Stramonium and belladonna have emblances. But a detailed analysis of one of these substances not properly be substituted, as has sometimes been attempted, for t of the other of them. Podophyllum has been spoken of as bably identical in its operations with jalap. On the contrary, the re closely one natural object resembles another, the more close st be the study required to discriminate them. When the inquiry or the characteristics of sulphate of soda, to refer us to a class of ilar salts is not to furnish an answer. It is the power of recog- ing the characteristics of individuals not those of classes, which ows tact, skill, science. The differential diagnosis of similar stances is the ultimate field of study. How can the characteristics determined unless they are sought? To obtain them, to provide nnels for such minute investigation, each in its own sphere, is the stant aim of all the sciences, which are educed from physical nomena.

The natural history of a substance thus obtained, every exposition it will substantially agree with every other. Not of course either mally or verbally, for they will vary in completeness and in method. t there will be harmony in principle, and for the most part in ail. There will be no irreconcilable conflict between different iters. Nor will there be great gaps in the history of one agent as npared with that of another. The schedule of one will symmetri- ly give us suggestions for the others.

If a substance, secale cornutum, for example, is found to disorganize portant tissues, it is to be supposed that it must produce directly indirectly some effects on the thoracic organs, to be noted by nite symptoms. If a record of the properties of secale cornutum tains no allusion to such phenomena, science calls for their termination by experiment. It is as if the mineralogist were to ve out of the history of an important mineral any determination its hardness or its crystallization, or as if the anatomist should it the relations between the ulna and the radius. Just so, if dilute ric acid causes pain in the liver or the bones, that record of nitric d is incomplete which omits these symptoms. If this agent pro- ces any action on the lungs, the bronchia, the heart, the mental d the moral state, these effects should be recorded. There will be place for them, and they will be in their place. The student of e materia medica needs to have before him a classified record of its

phenomena, separated from all other material. Aconite has been used for centuries. Its properties were supposed to be understood. In the year 1840 it was made the subject of experiment by Dr. Alexander Fleming, of Edinburgh. The results indicated that aconite produces striking effects, heretofore not generally recognized. Hundreds of other medicines still await similar and far more extended experimentation. The science that leaves the determination of important facts to accident or to caprice, lacks something in its scope. If astronomers and navigators had for ages used in their calculations the phases and motions of the planet Venus, but had gathered such only of its phenomena as were made obvious during these practical applications, whenever it should be made the subject of scientific observation, doubtless something more would be discovered.

2. Another characteristic of a science is the unlimited extent of its range. It is not so with art. The artist, like the mere practitioner, selects his materials. He takes such as are adapted to his purpose. He excludes those which are not useful to him.

Science, as we have already seen, knows no such limits. It is comprehensive as well as specific. It is constantly adding to its materials. It welcomes every new fact. It has a place for everything that comes within its own sphere. It is not confused or dismayed by any amount of material. The more numerous its phenomena the more available is its knowledge. With it no two natural objects are identical in properties. Some differences can be detected that will sharpen our ideas of both. When one is tempted to reduce the number of articles on the plea of excluding those whose properties are doubtful, and those which possess no advantage over others,* the principles of scientific investigation dictate a different course.

It is just so with the individual characteristics of the objects which constitute a science. Our powers of analysis can never exhaust them. Doubtless no two medicines cause precisely the same pain or nausea or other group of symptoms. Knowledge of these minute peculiarities cannot be dispensed with without infinite loss. The progress of the science is marked by the continued development of these characteristics. The minutest fact is to be eagerly cherished, as having a possible bearing upon the most important of questions. It is to be regretted that for ages such facts as the following have been known

* See Dunglison's Med. Dictionary, article Mat. Med.

in medicine, without scientific recognition or practical use, namely, that senna causes flatulence and griping. The only notice taken of the phenomena is the attempt to get rid of it, by the direction to combine the senna with aromatics. Were the question asked, what are the characteristics of the griping colics caused severally by senna, by rhubarb, by colocynth and by lead, the analogy of other sciences would lead us to expect a more ready answer than we shall be likely to find.

Not that it is to be expected that every one who has occasion to apply medicine as an art, should master all these details. But it is to be expected that the aims, methods, and processes of other sciences should receive formal recognition, and that the materia medica should be gradually built up in accordance with them.

3. Still another characteristic of a science is, that its applications to other subjects are accompanied by the power of prediction or anticipation. Its practical applications are suggested either immediately or by aid of some determinate principles rather than by accident. They require no explanatory theories; they excite no surprise; they find a ready welcome.

In some such way, we should expect that the materia medica, after reaching a certain degree of development, would suggest therapeutic agents with great uniformity; that their confirmation would not excite surprise, but receive a prompt acquiescence. If it has such a character, it is to be inferred that in determining new remedies it will assert its place as a science and keep ever in advance of accident, of caprice, of empiricism. Hitherto the science has not fulfilled reasonable expectations in this respect. Pereira says of nux vomica, "It is one of the few remedies the discovery of which is not the effect of mere chance."—(*Mat. Med.*, vol. ii, p. 336.) Stillé says, "Nearly every medicine has become a popular remedy before being adopted or even tried by physicians."—(*Therap.*, vol. i, p. 31.)

A science founded on correct principles and developed by fitting methods, will be a depository of knowledge, ever growing, yet ever unmanageable, because well ordered and systematized. Its positions once accepted will stand forever. Every new contribution will find a welcome place, and often will be obtained because a place for it was seen to be vacant. Precise facts gathered one by one, grouped naturally with constant additions, gradually comprehending more and more, rigidly excluding all speculations and only combining by their own inevitable crystallizations, such is science.

Some of its conclusions will be new, and lack coincidence with what had been supposed to be true. "Some of the things already discovered are such as before their discovery did not enter into men's minds, even to suspect, so that no one would have despised them as impossibilities."—(*Nov. Org.*, p. 1, sec. 6.)

Had these methods been pursued what confusion would have been avoided! On how many topics on which the medical profession has taken positions has it proved to be mistaken. What conflicting statements would, to-day, be made about agents which have been used for centuries. Does calomel increase or does it diminish the secretion of bile? Strange as it may seem, this is an open question. (See Stillé). The same question may be asked of rhubarb. Read what is taught about camphor or about acetate of ammonia, and then read a page at random of some other physical science. Who can tell whether colchicum increases or diminishes the amount of uric acid eliminated from the system. The materia medica needs to go back to first principles.

It may perhaps be said that an undue importance has been assigned to the processes herein recommended, inasmuch as medicines do not have such minute characteristics in their action as has been implied, or at least that such discrimination, if attainable, would have no practical utility.

Unfortunately these views are dominant with the profession. The result is what might have been expected. Probably there is no record of the properties of any one medicine that would be universally accepted as trustworthy and satisfactory. If the demand were for certain physical peculiarities of a distant heavenly body, as Jupiter, for example, the record could be furnished. A treatise on mineralogy would furnish an account of a mineral which all scientific men would recognize as approximately correct. But who can produce a complete account of the operations of a medicine on the organs and functions of the human body, unmixed with theories, and free from numerous relations to other subjects?

If the materia medica were studied in the way which has been urged, much would be found that is not now secured. In every other branch of knowledge, the adoption of the methods of rigid induction forms its epoch. From that time its progress is sure, steady, rapid. It is unreasonable to doubt that were this course followed in medicine, it would add largely to our knowledge and to our useful material.

It will also appear that the records of the operations of medicines, with which we are furnished, will do something to remove the objections above stated. Scanty as these records are, compared with what they might be, a careful study of them will show that medicines do have characteristics which are distinct and minute. This may be seen, for example, from an analysis of the operations of some of those medicines, a knowledge of whose properties is furnished to us through accident chiefly, knowledge, most of which, it would seem, nothing but neglect has prevented being the voluntary contribution of science.

I select belladonna and secale cornutum, one an acute, the other a very slow poison. The comparison is given not as a sample of a complete or perfect analysis of their relative effects, but as such an approximation as may serve for illustration. It is my aim not to introduce anything which cannot be substantiated in standard authorities.

In the action of belladonna and of secale cornutum, there are some striking analogies and quite as remarkable differences. Both act powerfully on the nervous system. Each, in its own way, may cause determination of blood to the head, headache, vertigo, delirium, craziness, spasmodic contortion of the eyes, and various disorders of vision. Each causes congestion of the minute blood vessels, fever, eruptions, inflammation of the skin and other tissues. Nausea, vomiting and disorder of the digestive organs are produced by both. Each disorders the urinary and the uterine organs. Each causes spasms and convulsions. Both of them suspend to some extent the control of the will over the muscular system. Death may ensue from the action of either of them.

The *fever of belladonna* is active, with great heat and congestion of the capillary vessels. The pulse is quick and bounding. The heat and redness of the surface is intense. A bright florid rash may appear.

The fever of *ergot* is marked by chilliness, which at times is severe. There may be burning, internal heat, with cold skin and slow, small pulse and fœtid sweats.

The *delirium* of belladonna is demonstrative. There will be immoderate laughter, senseless prattle, merry craziness, determination to do something, showing itself in attempts at violence to self, or in quarreling or fooling with others and in various extravagant actions.

The delirium of ergot is sadder; it is marked by exhaustion, malaise, anxiety.

The convulsions of belladonna are active, easily excited and usually exhaust themselves quickly without injury to the part. If they are severe, the muscle is left relaxed and weak, but soon regains its excitability, unless the toxicating impression is extreme.

The convulsions of secale are rigid, and if they are protracted the part is left paralyzed.

The inflammations of belladonna are acute and painful, locating chiefly on the mucous membranes and on central organs.

In the inflammations of ergot the surface is cold, dusky, dry and brittle. They usually involve the skin and the extremities, and may terminate in gangrene of the affected part.

In contrasting the action of these two agents, it may serve to aid the mind (and the suggestion is made for this purpose) to consider that of belladonna as expressing or exaggerating the peculiarities of *youth*, secale those of *age*. We have in the one case, the excited circulation, the over active nervous system, the sensitiveness of childhood. The person cannot help doing, though he knows it is foolish. His muscles will act in spite of him. His senses play him fantastic tricks. He sees visions, images, brilliant colors and objects. He cannot stop thinking. His ideas are extravagant and usually gay. Though conscious of these purturbations, he has no power to control them.

In ergot we have the languid circulation, the deficient vital power, the listlessness and torpor of age intensified. Its long continued action disorganizes and destroys.

It may, perhaps, be thought that these two medicines are exceptional in their operations or that they happen to have some correlative action, which makes them unfair exponents of the peculiarities of the materia medica.

That this is not so, can be shown by taking a third substance which has some peculiarities in common and others distinct from those of belladonna and secale.

Opium acts powferfully upon the nervous system. It, as well as they, causes determination of blood to the head, headache, vertigo, delirium, at times spasmodic contortion of the eyes, and disorders of vision, congestion of the capillary vessels, fever, occasionally inflammation of the skin and other tissues. Vomiting and disorders of the digestive organs are among its occasional effects. Urinary and uter-

ine disturbances, and finally spasms and convulsions and even death itself link it to the other medicines.

But the effects produced by opium, characteristically differ from those caused either by belladonna or by ergot.

The fever of opium has burning heat, though the skin may be moist and the pulse and respiration may be but slightly quickened; indeed, these are often slower than usual. The mouth is dry, but the thirst is not in proportion to the dryness. The face is flushed (in extreme cases dark red), and there may be headache with great sense of weariness or heaviness of the limbs. The cold period is accompanied by soporose symptoms, more or less decided.

As contrasted with the two other medicines, the activity and the depression of opium are more like those of the mature adult. Thus the mental symptoms are either sad, anxious, taciturn, stupid, with indifference to pain and pleasure, or the reverse of those, showing great cheerfulness, excess of courage, of fancies and of mental activity, extreme sensitiveness to pain and pleasure, with courage to do or to dare, or to suffer. There will be disposition to work or to think, while in belladonna it is to play or to quarrel, and in ergot to mope. Under the influence of opium, the mind runs on deep meditations and important business. The delirium is that of the adult; for instance, he is angry if thought mad, though reproaching himself with madness. He retains the consciousness of his mental operations with great enjoyment in them. The social feelings and the pleasures of sensation are either dormant or are excessive.

What have been given as effects of belladonna, opium and secale cornutum are by no means all that are known to be produced by these agents. The phenomena only have been noticed to which each of the medicines is in some way related. Nor in regard to these is the record by any means complete, as only those effects are adduced, about which physicians are supposed to be agreed. As is true on other subjects, men differ about the operations of medicines. The mine is a rich one, and will repay labor in all directions in which men are working.

While these effects are before the mind, it is natural to ask how they are related to the therapeutic powers of the same agents. Here, too, is opportunity for difference of opinion. If the mind is allowed to dwell on such differences exclusively, it is easy for the parties to take the attitude of antagonism. The questions thus started are not within the range of this paper. It is one thing to

improve the instrument; quite another to learn how to use it. It may not be out of place, however, to offer some suggestions tending to show that more comprehensive views would narrow the ground of antagonism between men of different positions.

All would surely agree that these "physiological" effects of medicines will aid in determining the remedial powers of these agents. Between the two classes of effects, they would find some links. The more we know of the agent, the better we are likely to use it. The principles on which either of the two classes of phenomena should be determined and classified do not admit of dispute. The relation between inductive science and the study of the materia medica surely can be determined. The same is true of therapeutics. Once settle these, and let the result be acted on, the questions about the uses of medicine must be nearer solution. Even now it may be supposed that any two physicians would find more points of agreement than they imagine, and that the progress of inquiry will be constantly narrowing the extent of difference.

Men are coming to more accord as to the province of medication, and as to the relative importance of all artificial aids in disease. It is seen that it is nature's own processes that cure, and that medicines are useful only as they excite or promote these.

In all modes of treatment, much depends on hygienic means, on nursing, on the removal of obvious causes, on the proper application of heat and cold and moisture, on quiet, rest, pure air, diluent and nourishing drinks, the encouragement of hope, and the many of nature's own restorative powers.

In the application of therapeutic agents, where the differences between men are sharpest, there is less antagonism than appears. The alterative properties of medicines are sought by all, and are supposed by each one to be obtained by his own processes. While, in regard to the mechanical, the chemical and the tonic powers of medicines, the difference is not so much as to the positive effects as it is in regard to the relative importance of those agents. Positions that seem to be antagonistic may be correlative truths, or due to the balancing of opposite principles, the progressive and the conservative. It has often happened that, when parties are harmonized, a higher plane is reached than either had thought of. Even an erroneous doctrine may contain the germ of an unrecognized truth struggling for deliverance.

All physicians agree in making experience the test of practice.

Evidence that a remedy has cured certain definite forms of disease is the most conclusive evidence that it will cure such disease in future. Any presumptions we may have, previous to such experience, are subordinate to experience itself. To *obtain* evidence, certain principles and processes are used as channels of investigation. The value of them depends on two things, their being specific, and at the same time comprehensive, reaching to minute particulars, and including many of them.

Accumulated experience is the ultimate test of the remedial powers of medicines. It may be obtained either empirically or rationally. In other words either by inductive processes solely, or by aid of those which are deductive. In the one case we have the mere experience unsustained by other evidence. In the other, the medicine furnished to us is certified to, by another science, as having the powers and properties which make it reasonable to be thus used. Thus it may be reasoned upon and associated with principles which furnish corroborative evidence. Other sciences may furnish suggestions. It would seem that a scientific materia medica would always be ready to do so, although its evidence cannot be substituted for that of the inductions of therapeutics. But while in practice, the physiological or pathogenetic effects of medicines are subordinate to the remedial, *in the materia medica the order is reversed.* The positive facts of one science are but suggestions in the other. Every clearly ascertained fact in regard to the operations of a medicine should be held sacred by all men, and thus the materia medica, being placed on a scientific basis, and then being duly developed, becomes fitted to take its place along with anatomy, physiology, pathology and chemistry as the foundation of our medical knowledge.

The positions taken in this paper are due to various sources. The *facts* on which the arguments are based are samples of those which have been accumulating for ages under the observation of physicians. It has been our aim to use none except those which have the undoubted authority of the most eminent members of the profession, and the sanction of universal reception. The principles on which the arguments have been constructed are those which are the accredited basis of all science.

But the central idea or ideas which suggested the application of the principles to the facts, are due to one, destined, we suppose, to take a rank not yet fully accorded to him, as the peer of the most eminent observers and philosophers of every science, and of all time.

AUTHORITIES AND EDITIONS.

1. Treatise of the Materia Medica, by William Cullen, M. D., with additions by Benjamin Smith Barton, M. D. 2 vol. Philad., 1812.

2. Materia Medica, by John Bostock, M. D. Article in the New Edinburgh Encyclopedia.

3. Materia Medica Pura, by Samuel Hahnemann, M. D. 1824-1830.

4. A treatise of the Materia Medica and Therapeutics, by John Eberle, M. D. 2 vol. Phil., 1836.

5. Elements of Materia Medica and Therapeutics, by Jonathan Pereira, M. D., with notes and additions, by Joseph Carson, M. D. 2 vol. Phil., 1843.

6. Materia Medica and Therapeutics, by Martyn Paine, M. D. New York, 1843.

7. Pharmacology and Therapeutics, by George B. Wood, M. D. 2 vol. Phil., 1860.

8. Lectures on the Materia Medica and Therapeutics, by John B. Beck, M. D. New York, 1861.

9. Therapeutics and Materia Medica, by Alfred Stillé, M. D. 2 vol. Phil., 1864.

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ARTICLE XVIII.

Epidemic Dysentery in Warren County. By Charles Cropper, M. D., Lebanon, Ohio.

We have just passed through an epidemic of dysentery, which appeared early in July, more than a month in advance of the usual autumnal visit of the disease in this vicinity. It has been characterized by a malignancy of type, in many cases, which gave to the disease, in its symptoms, course and obstinacy, more of the appearance of typhus abdominalis, than of the ordinary dysentery of this region.

In most cases there has been considerable fever at different times, but never of long continuance, coming and going often in the course of twenty-four hours.

The discharges have been very frequent, sometimes as often as every five or ten minutes, but generally averaging, at the height of the attack, one passage every thirty minutes.

In character, they have been chiefly of blood and mucus, occasionally mixed with purulent matter. A few of the cases have presented chiefly the characteristics of bilious dysentery. In nearly all, there has been severe pain, straining, and great prostration after stool.

In this epidemic, the disease exhibited greater obstinacy, than I have ever witnessed in all my former experience.

I have no means of ascertaining the exact number of cases; they were very numerous, every member of many families suffering more or less severely. Children have been the principal sufferers, and the mortality has been almost exclusively confined to that portion of the population.

The remedies employed have been greater in number, than I have ever before been compelled to prescribe. I have treated several members of a family at one time, each case presenting some peculiarity distinguishing it from the others, and demanding a different mode of treatment. The observation of Hahnemann has often presented itself to my mind: "Without the strictest individuality, homœopathy had no meaning."

Aconite, mercurius sol., mercurius sub. cor., colocynthis, nux vomica, bryonia, rhus tox, podophyllum pelt., nitric acid, arsenicum, gelseminum, baptisia tinct., chamomilla, and belladonna, have all been employed, as indicated; but the most marked results have been

obtained from the exhibition of mercurius cor.[1 sc] in those cas the chief distinguishing symptom of which was, *severe straini after stool.* Arsenicum[2] has been employed in a late stage of t disease, characterized by very frequent small passages of muc blood, and purulent matter, blended together, followed by excessi prostration. These remedies never failed in affording relief whe ever administered in accordance with these indications. I have us with decided advantage, in the form of injections, the tincture hydrastis and carbolic acid, in a mucilage of flaxseed, varying t proportion and the quantities as the cases seemed to demand. ought not to omit to mention that in all the cases treated, I ha ordered frequent sponging of the abdomen with either warm or co water, according to the feelings of the patient, and regard this as a ve important adjunctive measure in the treatment of the disease. have allowed the juice of oranges to patients in all stages of t disease, and have derived very decided advantage from its use. A a prophylactic, I have administered in many families, nux vomica[3] a dose once a day. The result has convinced me that it is a ve effectual preventive. To prevent constipation after recovery, I ha given in some cases bryonia.[3 c]

The cause of the appearance of the epidemic at this time, is n definitely known; but it was probably partly due to exhalations an animal character from a large reservoir covering forty-five ac of ground, located in the northeast part of the town. This res voir was constructed for the purpose of supplying a canal, long sin abandoned, which extended from Lebanon to Middletown, intersec ing the Miami canal at that place. On the banks of the stre supplying the reservoir, there was located a slaughter-house, whi inspection showed to be in a very foul condition; and as the dra age from this was directly into the reservoir, the body of water w more or less contaminated by the putrid matter entering it, and t exhalations therefrom, under a burning summer sun, proved to deleterious to health, and in my judgment, caused the disease assume the character of typhus abdominalis. This view is strengt ened by the fact that nearly all of the cases occurred in the immed ate vicinity of the reservoir of water. The epidemic has extend only about three miles into the country in a northerly direction. N cases have occurred in a southerly direction, and but few in t southern and western portion of the village were attacked.

Without doubt, we may partially ascribe the appearance of th

pidemic at this time to meteorological phenomena. The spring, nd early part of the summer were very wet, consequently vegeta-ion was exceedingly rank. Early in July, there were ten days of ery warm, followed by cold weather, and since that time we have ad, with slight variations, average summer heat with a dry atmos-here.

ARTICLE XIX.

A Review of Dr. Palmer's Four Lectures on Homœopathy. By Charles T. Harris, A. M., M. D.

In reviewing the lectures published under the above caption, it becomes a reviewer to tread carefully, to approach meekly, and lift the hat courteously to those filling stations so honorary and "venerable" in the world's history. A professor of a time-honored system of medicine as put forth by the representative of the Michigan University; the Speaker of the American Medical Association, and an Honorary Member of the New York State Allopathic Medical Society. Here is the largest and most popular university of America. Here speaks the New York State Allopathic Medical Society, which enrolls the names of the Empire State's most illustrious medical sons! Here speaks the renowned American Medical Association. Renowned alike for her great names and her prestige of power, and for her laws enacted for her stability, not less than for the rigid and iron rules with which she guards herself from heresy and medical error. When such authority speaks, others should oppose only after careful investigation and conviction of duty. We remember, however, that "Great men like great rivers have great bends in them;" that "To err is human," and especially that we are taught by the representative of these illustrious personages, that "In no department of human knowledge and affairs shall we probably ever arrive at absolute truth and perfection." If in natural sciences, in chemistry, physics, geology, astronomy, meteorology, and like subjects, the most erroneous opinions have been entertained by those devoting themselves to their study; if in governments, laws and ethics more errors than truths have been held; and if in the science of life physical and mental errors and fallacies have abounded;" if "In theology and medicine, delusion and quackery have reveled more than elsewhere" (see published lecture No. 1, page 7), then may the humbler gleaner look with diligence and receive with caution all important doctrines and theories; and review microscopically whatever comes under his purview, and the more so as the subject is one of vital importance to the public. We therefore approach this important subject as enunci-

ted from this most exalted stand point. For in the great chain of ience and truth, the *savant* or the magnate as effectually breaks the hain as the tyro who sunders one of its primordial links: the onnection is alike destroyed.

> "For in Nature's chain whatever links we strike,
> Tenth or ten-thousandth, breaks the chain alike."

In commencing this review, we ought, perhaps, to say with Professor Palmer (see correspondence, page 4), that they "so largely consist f quotations" that it "was less difficult to him," while with quotaions so manifestly wrenched from their context and connecting hread of argument, as to make them worse than garbled to review, r for readers to understand. Why the fact that "Samuel Hahnemann's father was a painter on porcelain and too poor to educate his n, and that he was a charity scholar," should have been brought in influence the argument against homœopathy, it is hard to conceive, less the professor supposed himself writing for an European audience. urely in a country where a Franklin, a Burritt, a Lincoln, and holars innumerable rise up to prove that there is *no royal* road to nowledge, the argument is fallacious. Surely, professor, it is not a ientific argument, and it may cut across the grain of learned ones ear the scene. But Dr. Palmer, after making out, or endeavoring do so, that Hahnemann was a pauper and a vagrant, sums up by aying: "When he was forty-eight years old, we find him again in Dessau, which makes his twenty-fourth place of residence in twentyight years." But the professor conveniently forgets that Hahnemann was a wanderer because that same intolerent medical profession, ike popery, could endure no rival, and with the same spirit which still ctuates members of the same practice, drove him out by persecution. They struck his name from the rolls of honorary societies, his slumbers were disturbed with yells and groans, he was hooted in the streets, his windows were dashed in and stones thrown against his house. The combined power of faculties, pamphlets, journals and legislation, bore upon him. He left his house amid the darkness of the night and the howling of a tempest, in order to escape this persecution. Laws were passed forbidding him to dispense his own medicine, he was ostracised, and yet Prof. Palmer, who now represents that same intolerent school, brings this as an argument against him and homœopathy. Your fathers slew the prophets and ye garnish their sepulchers. Truth, however, conquers, and at length friend

after friend gathered around him. Patients from remote lands came to him, and in Leipsic, from which he was once banished, now stands an enduring bronze monument, sacred to the memory of Hahnemann. He sought refuge in Paris, where he was literally besieged with patients. He died in 1843, his business at that time yielding him $40,000 per year.

The lights of allopathy do not all agree in sneering at Hahnemann's poverty and practice, neither do they all call him "a dreamer of dreams, a false guide for enthusiastic, half-educated, dreamy, impractical medical men. For the celebrated Dr. Valentine Mott, who knew him in Paris, speaks of him in terms of praise. And the late Sir John Forbes, Physician to Her Majesty, and editor of the British and Foreign Medical Quarterly Review, says "Hahnemann, the founder of homœopathy was undoubtedly a man of genius and a scholar; a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same list with those of the greatest systematists and theorists; surpassed by few in the originality and ingenuity of his views; superior to most in having substantiated and carried out his doctrine into actual and most extensive practice." This tribute is from one of allopathy's ablest sons. What a pity Prof. Palmer had not been there to teach to the Hon. Sir John Forbes, "that he was only an impracticable dreamer." But Dr. Forbes says further, "Many at least of his followers have been and are sincere, honest and learned men." (See Medical Review, No. 41, page 226.)

Hufeland said of Hahnemann, "He is one of the greatest physicians in Germany." Paul Richter denominated him "The rare double-headed genius of erudition." Berzelius has said of him, "This man would make a great chemist." While Dr. Dudgeon says, "He proved upwards of ninety different medicines on his own person, wrote upwards of seventy original works on chemistry and medicine, and some of them thick volumes; translated twenty-four works from the French, English, Italian, and Latin, on chemistry, medicine, agriculture, and general literature. Besides this he attended to an immense practice, registering every symptom, and selecting every remedy after the strictest pathogenesis. He was an accomplished scholar and philologist, and had extensive acquaintance with botany, astronomy, meteorology, and geography. His industry and working powers certainly bordered on the marvelous, and entitled him to the appellation of a literary Hercules."

With the opinion of these men we leave that of Dr. Palmer for the candid to judge of our great founder.

Dr. Palmer's ponderous argument is founded upon the seeming fallacy of the smallness of the dose. It is really amusing to see with what pomposity and flourish the learned professor attacks the Hahnemannian theory of dynamization. His whole power of mathematics is brought into requisition to compute the immense problem of the thirtieth attenuation. "A unit with sixty cyphers for a denominator and a unit for the numerator, expresses the quantity of medicine or the part of a grain at that dilution is contained in a drop." This is the fraction, says he

$$\frac{1}{1,000,000,000

not enough on the globe for it?" We reply, the argument indicates the source when all else fails, for surely our *juicy brained lectures* was never made in vain; if our supplies fail, we need look no farther than to the chair of pathology and practice in said university. The reservoir would be ample, especially when supplied by the very diluted Doctor Sir John Simpson as a reservoir. The venerable Don Quixote and his squire Sancho Panza, with "the damsel or dwarf with a vial of water," it is enough for homœopaths, as they do not commonly use water, but alcohol for their dilutions and attenuations. Is it any wonder then, after such exhibitions of logic and veracious figuring that Dr. Palmer should exclaim that "I have found it a difficult matter to induce persons who have given no special attention to this subject, to believe that really such notions were entertained and taught by Hahnemann and believed in by his followers." How could any one believe them unless possessed of the same fertile imagination as Professor Palmer? Nor should they seriously look each other in the face without laughing or blushing, who attribute to us such sentiments. Professor Palmer assumes in his second lecture that his auditors possess the same capability. Whether the distinguished professor supposed "he had succeeded in magnetizing the university building to inspire the students with a higher enthusiasm for science," does not appear; some such incantation must have surrounded them, if they swallowed the gaseous dose.

Professor Palmer did not propose at this point to argue against homœopathy, but simply to tell what it is. Then we reply when it were told, 'twere well if it were told truly! Dr. Palmer's ridicule against small doses of any medicine (poison) to which a large part of his second lecture is devoted, may be best answered by asking him what amount of saliva from a rabid dog will create convulsions beyond the art of his science to control? What quantity of sphacelated human flesh, inserted upon the point of the finest needle, will endanger the life of one penetrated by it? What quantity of marsh miasma, although largely attenuated with common air, will shake the organism with no mean convulsions? What quantity of musk will fill a room and losing no appreciable part of its weight, and yet an idiosyncratist could scarcely stay in that room? How much does she take? Can you conceive the amount of imponderabilia now so commonly used as remedial agents? How much galvanism is in a strong man's frame before it begins to quiver? All these affect the

healthy organism; while acting upon and like the diseased symptoms; if given in sufficiently small doses, could there be no secondary effect of medicine? No reactionary power of nature? Here is a field for investigation before sneering! The well hand may endure contact with dilute tincture of the urtica urens (the stinging nettle), but would you like to apply it to the burned hand? It is evident that there are some who can only appreciate the ponderous, the the lusty, gross in nature, to others

"A thing is great or little only to a mortal's thinking."

These might be philosophers, but they would not make good watch makers, needle polishers, nor could they excel as microscopists. They never discovered the mechanism of a fly's foot, nor would they catch and harness the lightning of the heavens. They would philosophize upon mountains, deluges, and cataracts, but as analyzers of sand-grains, water-globules, or gaseous-particles, unless it be in the *aggregate*, they fail and forget that

"A mote in the gunner's eye is as bad as a spike in the gun."

And that this great earth is put in relative motion by the apple falling toward the center.

The professor again launches into one of his mathematical reveries about medicated pellets placed side by side in a continuous row, would form a line so long that light traveling at the rate of six trillions of miles a year would require millions and millions and millions and millions of centuries to pass from one end of this line to the other, and any one of these globules, picked out of the row, is the proper dose." Does Professor Palmer suppose that was the way Hahnemann prepared and gave out his medicine, forty thousand dollars worth a year, each year, to his infinitesmal French patients? He must have been an old man before he got his thirtieth prepared and distributed. We doubt it!

Allopathy's great champion flourishes his trenchant blade, and attacks our rule of cure by one single, simple medicinal substance at one one time, and yet he as a chemist, analyzes opium into seven chrystalline active principles, besides some fifteen less important distinct substances. Here, Professor Palmer, is there no difference between a single, simple medicinal substance, and a chemical element? Is there no difference between a natural substance and a chemical compound?

The next point of attack is "the alleged ascertaining of the symptoms which drugs are capable of producing so as to know, on the

principle of *similia similibus*, the symptoms they are capable of curing." He says "the use of iodine is known to cure by modifying the morbid nutrition in the disease of the thyroid gland, known as goitre, but iodine taken by persons in health was never known to cause goitre. Certainly I never knew a single person of the thousands whom I have known to take iodine or its compounds to have goitre produced by it." Who says it ever did? Certainly not the homœopath. They would not be homœopathists if they did, but they would be isopathists! And certainly the professor should not make us indorse curing "*same by same*." Professor Palmer says: "It has never, so far as I know or believe, produced anything resembling goitre." If Professor Palmer has consulted his own authors, Aikens, Wood, Flint and others, he would have found analogous symptoms, given by them to those produced by iodine, by their own showing, as "irritation of nerves;" "sleep disturbed and unrefreshing;" "digestion impaired;" "pallor and anæmia;" "palpitation of the heart and carotids;" "nausea and vomiting;" "in soft state, secretion thick, ropy, viscid and gelatinous in appearance;" "more or less anæmia exists in goitre;" "mental depression;" "irritability and inability to sleep;" "abnormal increase of appetite, followed by anorexia and emaciation and palpitations;" while some of the pathogenetic symptoms of iodine (iodism) are given: "Fever, restlessness, disturbed sleep, palpitations and thirst," "irritability," "cholera morbus," etc. (See *U. S. Dispensatory and Dr. Lourie.*) "General irritability; trembling and oscillatory motion in eyes;" *Johns.* "Restlessness; trembling of limbs frequent; pulse small, tense and concentrated;" "sticky mouth;" "intense thirst;" "palpitations;" *Zink.* "Nausea and vomiting; headache, with vertigo;" *Montcourrier.* "Pains in whole length of the nose as far as the forehead; discharge from nostrils; flow of saliva; anorexia," etc.; *Wallace.* Now who cannot see, from the showing of their own authors, that there are symptoms common to both the drug and the disease, to say nothing of the more accurate and careful provings of homœopathists? And if the drug symptoms cover the symptoms of the disease, we may fairly expect iodine to cure the disease, if not given in so large doses as to leave drug effects, and this it must do in all curative, non-mechanical and non-surgical diseases, or homœopathy fails. But there are a large number of goitres where there is no analogy (similitude) to iodine symptoms, and then it should not be expected to cure. And

yet Professor Palmer sees no similitude between the effects of iodine and goitre symptoms. Thus he impeaches the veracity of great numbers of his own authors. Professor Palmer says (see page 33 of lectures): "If it cures this disease, it should, according to the homœopathic law, be able to cause it! But it does not." Behold the sophism. Who says so? No homœopathist, certainly; neither does Dr. Palmer believe it. For, if we turn to page 56 of his lecture, we read: "The method of isopathy, whose author was Lux, of Leipsic, is often confounded with homœopathy, and requires a word. This method is based upon the principle that, to cure disease, we must employ remedies that produce effects not similar, but the same disease in the healthy organism. And yet, Professor Palmer endeavors, in face of that definition, to pass an isopathic principle for a homœopathic law. The paradox is too apparent. He knows it is not a sequence from any law of homœopathy; much less is it a principle of homœopathy.

Again, on page 43, he says: "The remedy most frequently used by homœopaths in acute diseases, is aconite." The fact is, aconite never caused a fever nor an inflammation." Here, again, he is, with his stalking-horse of isopathy, endeavoring to make us ride it, when he knows it is no horse of ours. By and bye you will hear him say that china, or "cinchona never produced ague;" "sulphur the itch." Thus you constantly find this very fair teacher of "scientific regular medicine," begging the question by fighting isopathy, calling it homœopathy, and secretly and mentally exclaiming, am not I in sport? We think he is trying to "magnetize Michigan University" and hoodwink the people. If he were well read in homœopathy he would not say that aconite was used most frequently by homœopaths in fever. When the fact is that aconite is only used in that group of fevers called for by its similitude to the case to be cured. While gelseminum, in malarious fevers with baptesia, ipecacuanha, veratrum and bryonia, are always called for if the symptoms so require. But so determined upon his one essential argument of making us indorse specifics, which is to us heterodoxy (unless we mean specific from analogy of symptoms), that, after wandering off in jungles for game, he uniformly returns every few pages and exultingly exclaims: "Will aconite cause fever? Will it produce pleurisy? "Will sulphur produce itch?" Will it produce itch? "Will iodine cause goitre?" "Will cinchona cause ague?" "Itch is produced by a parasite insect burrowing into the skin, which sul-

phur kills, but does not produce it." Why then is it (itch) not always given by contact? Why breed in some subjects? and why, when the acarus is killed, will it return when not treated constitutionally? We think there are constitutional taints (psora, if you please), where the acarus will breed and riot; there are others where no such taint exists, and they will not live. Like other parasites, heal the system and discharge the animalculæ, and health is gained. Does anybody say china will produce ague? Hahnemann never did, to my knowledge. His words are, "How is it possible (if not by homœopathic action) that the tertian and quotidian fevers, which I have radically cured some weeks past by a few drops of the tincture of cinchona, should have presented symptoms almost identical with those which yesterday and to-day I have observed in myself, when, by way of experiment, I have taken a little at a time, though in perfect health, four drachms of good cinchona."—*Lettre à un medicin.* Now, I might say, in the language of another, "I never could see any reason for supposing that he meant anything more than this, that the bark (taken in doses frequently repeated) produce chilly feelings and shiverings, followed by heat of the surface and perspiration. If he be also said to affirm that the proper periodicity of ague was produced also by the bark, then he is made to say that he had a tertian and quotidian at the same time, which is ridiculous. And, if you look at his proving of the medicine, you will find that he says nothing of such stages being followed by an interval of cessation, and that again by a new paroxysm. Shiverings, chilliness, flushing and perspiration are the most essential symptoms of an ague, when the fit is present. No symptoms at all characterize it when it is absent. And, when cinchona cures ague, I suppose it does quite enough when it cures the febrile symptoms. In the same sense as other means cure spasmodic asthma, epilepsy and other paroxysmal diseases, that it prevents their return, that cinchona does produce the chilliness, shiverings, heat, sweatings, and other febrile conditions, which commonly characterize a fit of ague, is attested by twenty other authorities besides Hahnemann. You will find their names appended to the symptoms they have severally witnessed in the materia medica; and you will distinguish among the number some that belong to the same school as yourself." If you claim that this great fact is not a fact, because cinchona does not always cure ague, we reply, homœopathists never claim that it will always cure ague, but only agues of that peculiar type. And here lies the peculiar difficulty of selecting the remedy

that cover will, so to speak, the totality of the disease symptoms. This is the doctrine of Hahnemann. Your assertion therefore, that homœopathy has been proved in practice by scientific men who are strangers to the art, is the weakest of all conceivable arguments. How could they know the homœopathicity of medicines which they had never proved? The same parody of reasoning will dispose of all your often repeated, often vaunted statement, "it will not produce that disease." The assertion falls powerless at your feet, a poor weapon in the hands of a disarmed champion; and we turn from following them further.

The professor comes down and tacitly acknowledges that a moderate dose of ipecacuanha in arresting some forms of nausea and vomiting (too palpable to deny), "has a grain of truth in its principle;" but he claims it as belonging to his school. After having demolished homœopathy, he claims the privilege of incorporating it into his school, on the principle, I suppose, that to the victor belongs the spoils. But as we are not yet ready to capitulate, we will follow him further. "We are limited by no dogmas, bound by no arbitrary rules, fixed in no grooves that keep us from any truth, new or old, coming from whatever source it may. We could act upon the principle, even without being indebted to the homœopathic fraternity." Here we have the secret in a nut-shell, the grand hiatus to reform, *i. e.*, "being indebted to the homœopathic fraternity." "We hate some men because we do not know them, and we will not know them because we hate them." This may be true here. In other words, if we could have taught this first and enjoyed the honor of it, it would have been well. But as we must condescend to learn of those we envy, we will ridicule them. So it was towards Harvey, and so it was to Jenner. Harvey was persecuted, and, says Renouard in his "History of Medicine," (allopathic): "The announcement of Harvey on the circulation of the blood, caused a general stupefaction in the medical world, and gave rise to much opposition. This theory which appears to us to-day so natural, that we conceive with difficulty why it was not found much sooner, was nothing less than a revolution in physiology." It continued no less than twenty-five years, and there was not a man at that time who made any pretensions to a knowledge of anatomy and physiology, who did not take an active part in it. Finally, Plempius, of Louvaine, one of the most fiery adversaries of this theory, gave way to the force of truth, and passed with a free will over to the ranks of its defenders in 1652. This was a great triumph to Harvey, and brought so much additional support to his

doctrine, as nearly to silence all opposition. This should encourage homœopaths. Perhaps at no far distant day, even a Palmer may come over to homœopathy. For there is no one so hard to convert as one who will not discuss a question, and Professor Palmer shows at least one commendable trait by contesting homœopathy. Paul thought he must do many things contrary to the despised Nazarene, and in doing so he was at length transfixed by an arrow of truth and built up what he once destroyed.

"When Jenner made public his discovery of vaccination to prevent small pox, there was again a stupefaction in the medical world at the announcement of such an astonishing marvel." The discovery met at first with much opposition. The incredulous raised against it many objections, and it gave rise to a very spirited polemic. But after the victory, there was a disposition to contest with Jenner, the honors of his discovery. Some ambiguous passages from old books were uncovered from the dust of libraries, and certain popular traditions were recalled that had prevailed in some obscure province, to find in them the germ of the admirable discovery of the English physician; as if all ideas, all new inventions, are not the consequence of some anterior idea or invention." And here again homœopathists may take courage, for even Professor Palmer has begun to compete for the honor of its discovery (see lecture 4, page 88). "We have shown" says he, "it was taught long before the time of their founder. But the whole world of truth is ours, belongs to us."

"No pent up Utica contracts our powers,
The whole unbounded continent is ours."

But they "have no arbitrary rules fixed in no grooves." And as we think they have no rules, all is vague uncertainty. Their only rule the "scribe rule" of "fit and try." Hence we object to their system as a science; it is no science by their own proving. But more of this bye and bye.

We come now to notice Dr. Palmer's assertion, "That nothing can be more absurd than the charge that the regular profession oppose discoveries and improvements; and this must be evident when we consider that in its ranks stand Harvey, Jenner," and others. We admire the coolness with which this assertion is made, it is really refreshing, or would be, if the statement were not so shamfacedly impudent. In the face of their own historians who tell us as above, that nearly all their reformers have been persecuted at every step of progress, and they only come up to the improvements after contesting

every inch of space with the most sarcastic and bitter opposition, until the veteran opposers are taken away by death or conversion, and then the children applaud their veteran reformers. Like a people of old they persecute the prophets, and the children build their sepulchers. Beware, therefore, lest it be said of you that the blood of all the reformers shall come upon this generation.

Let us notice the arrogance of these lectures, as showing the animus of the allopathic profession. If allowed them they would arrogate to themselves all the wisdom and all the improvements in medicine. With thong and faggot they claim the works of the persecuted as their own, and shout *gloria in excelcis* over their pretended accumulations of scientific improvements. And no marvel if in ten years they appropriate the truths of homœopathy, and exult over them as triumphs of the "regular, the scientific" profession. In opposing homœopathy, they have switched off the track; the car of improvement has passed thundering by, and they own that royal road no longer.

Mark the exultation, "What single improvement in science can they (the homœopaths), point out as the fruit of their labors? What single man can they show us among them, who has advanced pathology, diagnosis, chemistry, or even their specialty, therapeutics?" Was ever arrogance more striking? We point them to Hahnemann, who cleared the Augean stables of their veriest abominations, who discovered a law of cure, mathematical, sure, comprehensive; one which has already nearly abolished the lancet, the seaton, the moxa, the endless emetics and purging, of the burning, bleeding, blistering, murerous system of the regular faculty; abolished the enormous saddle-bags of the allopathic school; reduced the few cardinal means to the vest pocket, or consigned them to the drug store to be drawn out by the ignorant, thus avoiding the necessity of medicine prescribers and medicine mongers looking each other in the face and provoking a smile at the gullibility of those they first torture, then rob. M. Bouillaud, a famous French writer on medicine, says, "Medicine should to a certain degree, be assimilated to the science of those augurs who could not look each other in the face without laughing."

Again we claim that accuracy of diagnosis, and the correctness with which the therapeutic power is now seized and appropriated, and, in short the safety and certainty with which diseases are controlled, is due largely to such men as Hahnemann, Row, Staff, Gross,

Bœnninghausen, Hartmann, Laurie, Hering, and Hempel. The latter of whom, Hering and Hempel, will be honored by the literary and medical world. Without doubt some of the physicians of the present, will live to see them eulogised by the allopaths themselves.

It is a favorite amusement of Professor Palmer, to associate homœopaths with the followers of, "Joe Smith," "Mesmer," "Mohammed," "Swedenborg," and "Anna Lee." Passing the matter of taste in such comparison, we might, with equal propriety, compare them to the old Hunkers in politics and religion. If because we are reformers we are like those notables, we might retort, they are like the papal hierarchy, and there may be a stronger resemblance than they wish.

Let us trace a few fancied resemblances. The Romanist claims to be the *regular* church, the allopathist the *regular* doctor. See the Pope's cannon law, 2. "The laws of the emperors cannot dissolve the ecclesiastical (allopathic) law." Cannon 3. "The yoke imposed by the Holy See (allopathy) is to be borne, though it be intolerable and insupportable." Cannon 13. "We ought not even to speak to one whom the Pope (allopathy) has excommunicated." Cannon 16. "A heretic holding or teaching false doctrine, is to be excommunicated, degraded, and handed over to the secular courts." Cannon 25. "That governments are bound both by civil and cannon law not to receive or *tolerate* heretics, and much more, are not to permit the exercise of their religion (practice) or false sect, but they are most solemnly bound everywhere, to repel and expel them." Cannon 27. "The cannon law forbids *all toleration.*" Cannon 34. "That the council of Trent (the American Medical Association), the last great authority, decrees and commands that the several cannons, and all equal general councils issued in favor of ecclesiastical (medical) liberty, and against its violators, all which by this present decree, it renews, and must be exactly observed by *all.*" (See code of medical ethics, pages 21 and 22, article 4). "No one who has a license to practice from a medical society of known and acknowledged respectability recognized by the *American Medical Association*, should be excluded from fellowship, or his aid refused in consultation, when requested by a patient. But no one can be considered as a *regular* practitioner or *a fit associate* in consultation, whose practice is based on an *exclusive dogma.*" "This code of medical ethics of the American Medical Association (says President Haven, acting as mouth piece of the medical faculty of Michigan University, in his speech to the gradua-

ng class of 1868), adopted in 1847 and binding upon all its members, d as I understand upon all medical societies, medical colleges, and her institutions entitled to send delegates to this National Associa-on; this code of ethics may be regarded as the standard of practical ty for all reputable and regular doctors of medicine in this country." ow like papacy! Binding on *all its members;* binding on all *putable* and *regular* doctors in this country. They know no other urch, they know no other rules but cannon law. They both agree

> "So fond to rule alone,
> Bear like the Turk, no brother near the throne."

A certain physician in New York, when asked by a regular gradu-e what he would do in a certain obstetrical case, replied: "I can't eak over the rules of my society and consult with a homœopath to ve one life." He was answered: "I thought you were a christian stead of a barbarian."

The following was adopted by the Royal College of Surgeons, ublin:

"*Resolved*, That no fellow or licentiate of the Royal College, shall retend or profess to cure disease by the deception called homœo-pathy, or the practice called mesmerism, or by any other form of uackery."

Neither would the Irish colleges have any other religion than popery.

But we need not go abroad to catholic countries for examples of igotry and intolerance. It is put forth in Dr. Palmer's lectures, nd was boldly advocated by Professor Palmer at the State Medical Society, in Detroit, when that "veteran professor" felt necessitated o resign his chair, because a homœopathist had been appointed to a like professorship at a university school to be established somewhere outside of Ann Arbor. At that meeting, he (if rightly reported) contended, "That no honorable medical man could affiliate with homœopathy." "Ye gods! upon what food does this our Cæsar feed, that he hath grown so great!"

At that meeting also, Dr. Zina Pitcher, of Detroit, moved a committee of inquiry, "Whether Dr. Stockwell had proposed and voted for the homœopathic measure; if so, they had nurtured a serpent, and he wanted to have him scotched." The chair appointed Drs. Pitcher, Brodie and Smith, that scotching committee. We might pursue this subject with a multitude of proofs and resemblances to Rome, papal Rome, but believe that a disinterested public will see a greater resemblance between allopathy and popery, than between Joe Smith

and homeopathy, the professor in Michigan University to the contrary notwithstanding.

Professor Palmer's statistics are deserving of reprobation, as misconstrued or gathered from inaccurate data. Cases ascribed to two physicians in committee, by Dr. Palmer, are reported by an impartial committee of laymen.

The true history is as follows: That the report was prepared by a committee of prominent citizens of Cincinnati, appointed at a mass meeting, and not by the physicians, as Dr. Palmer states. That report estimated the loss, by the regulars, of over sixty per cent, the latter claim being entirely overlooked or forgotten by the learned and honest professor. It proved to be a terrible blow to allopathy. Dr. Pulte was one of the number who went to Cincinnati, a pioneer homœopath. He was derided, insulted, and pelted by rotten eggs, dirt, and stones, in his professional rounds; had rails and sticks thrust into the wheels of his carriage, and had to take his wife as a safe guard from insults. He was very successful in the treatment of cholera, and he is now a very wealthy, prominent, and respected citizen. Where are his persecutors? Allowing to Dr. Palmer, the very large increase of mortality of patients treated by Doctor Stens, still they are less than half the average of mortality treated by allopaths in cholera; and it does not then even militate against homœopathy, compared with her elder sister.

Again, says Professor Palmer, "Dr. Gerstel reported to an Austrian Medical Society, that he had treated three hundred severe cases of cholera, with a loss of twenty per cent, but when requested to practice under *control* of Doctor Nushard, in order to establish the proofs of the success of such treatment, he declined." Well, what of that? Would protestant clergymen consent to preach under control of a catholic bishop, to test the proofs of his mission? Would you, Professor Palmer, practice under control of Mesmer or Perkins, or a homœopath? Could a homœopathist practice under control of an enemy, in such serious cases? And yet, you cite that as an argument against him and his system.

Again, in the instance of Dr. Chargé, we all know was not a test, and you readily admit it, by allowing it was not satisfactory. Would it be any test to send all moribund patients to one, and slight cases to another? The trial was confessedly unfair. Homœopathists do not dread the trial of systems with you. They have offered on equal terms to teach and practice in clinics beside you in Ann Arbor, and

in the university. On a par we will compete with you in hospital practice, and why not take a fair test? What will you or others gain by refusing investigation? If we discard truth we are the losers.

Professor Palmer's statement in lecture fourth, page ninety-seven, "That the homœopathic practice has been prohibited by the Russian government," is contrádicted by the Russian Legation at Washington, in a letter to Dr. Verdi, of that city. Let me further give Dr. Palmer, the reported information that "Louis Napoleon has opened the medical schools in France to the homœopaths." In Austria, we have hosts of friends. In England we reckon our friends by more than a "*few;*" and unless you look well to your laurels "*old Hunker,*" you will lose the Pope, for even he has caught the idea of progress in medicine, if not in religion, and has exhibited a decided leaning toward us.

A reviewer must not leave his legitimate work; and we therefore note what the allopaths say of us, and of their own waning practice, as an offset to the statements by Dr. Peters, the only deserter we or we have found from our ranks. Thus it will be shown that "their rock is not as our rock, our enemies themselves being judges."

Dr. John Forbes, one of the most distinguished phyicians of Great Britain, editor of the *British and Foreign Medical Review*, says: "Homœopathy comes before us in a much more imposing aspect, and claims our attention on grounds which cannot be gainsayed. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world, and claims the notice of mankind on the irresistible ground of its superior power of curing disease and preserving life. And it comes before us now not in the garb of a supplicant, unknown and helpless, but as a conqueror, powerful, famous, triumphant; the disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England or America, that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning, many of them in large practice, and patronized especially by persons of high rank. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established; many of them publish reports blazoning its success, not merely in worn phrases, but in the hard words and harder figures of statistical tables."

Professor Maly, of Gratz, says: "It was Hahnemann who first

recommended the use of aconite in pure inflammatory fevers, with or without eruption, in obedience to his principle, *similia similibus curantur*, by which the effusion of blood, except, in certain exceptional cases, is entirely obviated. Even were we under no other obligation to Hahnemann, he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity." Professor Maly teaches materia medica in an established university, and he is not a homœopathist.

Dr. Popper, an allopathic writer in an allopathic medical journal for 1845, at Winterberry, eulogizes the use of belladonna in inflammations of the throat, and acknowledges that he was indebted for his acquaintance with it, to the numerous indisputable testimonials of many intelligent and experienced homœopathic physicians. He concludes in the following words: "A frequent employment of this medicine in many diseases is to be recommended to the use of impartial physicians, and the best source of information upon its virtues is the materia medica of Hahnemann and the writings of liberal homœopathists." These quotations from distinguished allopathists, must suffice, so far as homœopathy is concerned.

We now pass to what distinguished allopaths say of their own system.

Dr. Clark and Dr. Holmes, celebrated modern physicians, "Doubt the expediency of administering drugs."

Hippocrates said (in his day): "The whole art is exposed to much censure from the vulgar, who fancy there is really no such thing as scientific medicine, since even in acute diseases, practitioners differ so much among themselves, that those things which one administers as thinking the best that can be given another holds injurious."

Galen, disgusted with the miserable jargon, indorses his complaint.

Cullen says: "The materia medica abounds in numberless false conclusions. Such indeed is the state of the matter that nobody can consult these authors with any safety, unless he is fortified with a good deal of skepticism."

Bichat writes: "It is an incoherent assemblage of incoherent opinions. It is not a science for a medical mind; it is a shapeless mass of inaccurate ideas, of observations which are often puerile, of deceptive remedies, and formulas as fantastically conceived, as they are tediously arranged."

Hoffman says: "There are few remedies, the effects of which are

well known. The greater number disappoint the expectations of the practitioner."

Girtanner says: "There are a few valuable results founded upon experience, but he will lose his time who searches for the few grains of gold in the large mass of rubbish accumulated during the twenty-two centuries."

Broussais says: "When I would seek a guide among authors most illustrious, to whom therapeutics expresses herself most obliged, I find nothing but confusion."

Rostan says: "Let no one say that medicine has freed herself from the darkness of the middle ages. Let one but glance at the formulas, and he will rise with indignation against the prevailing practices."

Dr. Paris, President of the Royal College of Physicians, in England, is reported to have said in a public lecture: "The science of medicine is incapable of generalization."

Dr. Simpson the writer against homœopathy, said: "That he who will reduce the science of medicine to a positive science, as homœopathy professes to do, will confer a great benefit upon mankind."

Dr. Adams, translator of Hippocrates, says: "We cannot think of the various theories in medicine, since the days of John Hunter, without the most painful distrust in all modes of practice."

Bœrhaave: "If we compare the good, which a few true disciples of Æsculapius have done since their art began, with the evil which the immense numbers of doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if medical men had never existed."

Dr. Rush: "We have assisted in multiplying diseases; we have done more, we have increased their mortality."

Sir Astley Cooper: "The science of medicine is founded on conjecture, and improved by murder."

Dr. James Johnson: "I declare it to be my most conscientious opinion, that if there were not a single physician, or surgeon, or apothecary, man-midwife, or chemist, or druggist, or drug in the world, there would be less mortality among mankind than there is now."

Dr. Hufeland: "My opinion is, that more harm than good is done by physicians; and I am convinced that had I left my patients to nature, instead of prescribing drugs, more would have been saved."

Sir John Forbes: "In a considerable proportion of diseases, it would fare as well, or better, with patients, in the actual condition

of the medical art, as more generally practiced, if all remedies, at least all active remedies, especially drugs, were abandoned.

Dr. Pereira: "We can hardly refuse our assent to the observations of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape."

Dr. Good: "The science of medicine is a barbarous jargon, and the effect of our medicines on the human system are, in the highest degree, uncertain; except, indeed, that they have already destroyed more lives than war, pestilence and famine combined."

Dr. Maunsel: "The physician being, then, a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating nature or the disease."

London Medical Gazette: "We could present rather a serious tragedy, if we were to collect all the cases of poisoning by huge doses of powerful medicine, by the disciples of this physician, and of the sanguinary homicides by imitators of that bold surgeon, though they may enjoy high repute."

Dr. Farre: "Nine-tenths of the diseases are medical diseases."

Dr. Chapman: "He, who, for an ordinary cause, resigns the fate of his patient to mercury, is a vile enemy to the sick; and if he is tolerably popular, will, in one successful season, have paved the way for the business of life; for he has enough to do ever afterwards to stop the mercurial breach of the constitutions of his dilapidated patients."

Dr. Hammond, Surgeon General U. S. Army, Washington city, May 4th, 1863: "It seeming impossible, in any other manner, to properly restrict the use of this powerful agent (calomel), it is directed that it be struck from the supply table, and that no further requisitions for this medicine be approved by the medical directors. Tartar emetic is also struck from the supply table of the army. No doubt can exist, that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration."

These selections are sufficient to enable a candid public to judge of the weight of evidence.

We introduce one more argument, and with that we close: Several life insurance companies are now taking risks on lives of homœopathists, at from ten to eighteen per cent less than on those of allopathists

Statistical facts warrant them in so doing; and a success of five years. shows a prosperous and encouraging record. What can be said for "scientific" (?) medicine, when moneyed corporations place it at a discount? Four companies are thus insuring homœopathists, while they insure others as low as other first class companies. The Hahnemann, the pioneer company is this country, has the largest per centage of actual to computed premium reserve of any company doing business in Massachusetts, and has enrolled in its numbers some of the first men in the nation; it is making giant strides in the vindication of truth.

Ridicule is not now effective against homœopathy; it must be met and combated with facts and figures. We have not said much of her prosperity or her aggressive arguments; these must be reserved for another time.

"Truth, crushed to earth, shall rise again;
The eternal years of God are hers;
While error, struggling with her chain,
Shall die amid her worshipers."

ARTICLE XX.

The Drift of Modern Science. An Address delivered at the Annual Assembly of the British Homœopathic Society, June 30, 1869, by Alfred C. Pope, M. D., Member of the Royal College of Surgeons of England, and Surgeon to the Blackheath Homœopathic Dispensary.

INTRODUCTION.

The essay herewith placed before the profession was read at the late annual meeting of the British Homœopathic Society, the largest and oldest medical society among homœopathic practitioners in this country. A few words regarding its origin, and explanatory of its aims, may, I trust, not inappropriately be here recorded.

To Dr. Quin, now, as in its earliest days, its president, belongs the honor of having instituted this society. In undertaking this work, Dr. Quin had in view the fulfillment of two classes of objects—the one ethical, the other scientific.

In 1844, the year of the institution of the society, the number of English practitioners of homœopathy was small. Nevertheless, it was clearly seen that the public demand for homœopathic treatment was greater than was likely, for some time to come, to be supplied through its legitimate channel, the medical profession; that, in short, in a correct appreciation of homœopathy, the public were largely in advance of the profession. The temptation thus held out to needy adventurers to take advantage of so general, but, meanwhile, unsatisfied a desire for homœopathy, was obviously great, and it was equally certain that, were this new system of therapeutics promulgated under such auspices, its ultimate progress, both scientifically and socially, would be seriously impeded. To render nugatory, or, at any rate, to deprive of its sting, the possibility of homœopathy coming to be represented by medically unqualified persons, or by members of the profession who might be unworthy of their position, a scheme was devised for uniting in a society such medical men as, practicing homœopathy, did so honorably and sincerely. In framing the laws, especial attention was directed to secure that all members of the society should be legally qualified to practice their profession; that no person should be admissible to the society, or, having been admitted, should continue a member of it, who was in the habit of

resorting to any discreditable or unprofessional methods of cultivating a *clientelle*, of assuming a title to which he had no claim, or of otherwise conducting himself in a manner derogatory to the dignity of the medical profession. By the enacting and firmly adhering to laws of this character, the society has done much to protect homœopathy from the charge made freely enough years ago, of its being the *dernier resort* of the ignorant, unqualified or unprofessional medical pretender. No one can be a member of the British Homœopathic Society who is not professionally qualified, and who does not observe as strict a regard to the demands of professional propriety as the most scrupulously exact could desire.

Hence, though far from numbering as members all who, in Great Britain, practice homœopathy with the most perfect regard to the maintenance of a high standard of professional honor, membership of the society is valuable, in so far as it constitutes a pledge on the part of the member that he will maintain, in strict integrity, the honor and dignity of his profession, and will abstain from doing anything calculated to entail discredit upon the therapeutic system, of which he is, so far, the representative.

The second class of purposes, to fulfill which the British Homœopathic Society was instituted, were such as are scientific. These have been succinctly stated by the late Dr. Rutherford Russell, in the dedication to his lectures on rheumatism, epilepsy, asthma and fever, to Dr. Quin, and are as follows: The collection of a library, the erection of a hospital, the issuing of hospital reports, and the publication of monographs on the treatment of disease.

The library contains a valuable collection of works of reference bearing upon medicine in general, and on homœopathy in particular. To it additions are being constantly made by the contributions of authors, and the application of a portion of the society's funds.

The hospital is largely indebted for its present state of prosperity and usefulness to the members of the society. In the "Annals of the British Homœopathic Society, and London Homœopathic Hospital," of which five volumes have been published, numerous valuable essays bearing upon therapeutics, pathology, and clinical medicine and surgery have appeared. At present, the attention of the society is chiefly devoted to the preparation and publication of a pharmacopœia, a work which is already so far advanced as to admit of the hope that it will be in the hands of the profession within another year.

The British Homœopathic Society has thus been of essential service to homœopathy in science as well as in ethics; and consequently is eminently deserving the support of all medical men, who, practicing homœopathy, do so in a manner consistent with the usages of an honorable, a liberal, and an influential profession.

In the following pages I have endeavored to show that, in many very important points, the doctrines taught in our medical schools and the practices carried out at the hospital bedside, are essentially those taught and practiced by the founder of homœopathy.

There is one subject, the entire omission of any notice of which in a paper of this kind may possibly excite surprise, and even misgiving, on the part of some readers. So intimately has the question of *dose*, of the quantity of physic necessary to cure, been wrapped up with homœopathy, that to publish an essay upon it without any allusion thereto may seem somewhat strange.

To the realization, even in a faint degree, of the importance of this question of dose, modern medicine evinces no sign. It is, in short, because modern medicine fails to perceive how essential is the re-investigation of this question of dose, that the advance toward homœopathy, already considerable, is not nearer than it is. Medical men have been so long accustomed to prescribe medicine in perturbative doses upon one set of principles, that they cannot bring themselves to credit the power of extremely small doses, given upon a totally different principle, upon one where physiological action is far from being required. Thus, Dr. Heslop, of Birmingham, writing in the "British Medical Journal," January 16, 1867, says: "We have no means of affecting any particular organ, either in whole or in part, distinct from the organism. We might cherish higher hopes from the use of an indirect means of modifying acute diseases if we possessed, what I fear some among us still believe we possess, remedies that are specially good for inflammation of the lungs, of the nervous centers, or of the digestive tract. Unhappily, nothing is more certain than the same action which enables ergot, digitalis, tartar emetic, opium, belladonna, bromide of potassium, and such like, to modify one organ, enables them to modify all organs. They operate on healthy parts while they change diseased ones. Here is the fated restriction of our indirect means of medication and of our art in general."

The solution of this difficulty was accomplished by Hahnemann. He saw it and felt it just as, seventy years later, Dr. Heslop now sees

and feels it. It was, too, fully appreciated by Jörg of Leipsic, who, in arguing that "medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease," and that consequently the quantity of a medicine so prescribed must be less—considerably less—than where the full physiological action of the drug is required, says: "It is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing."

The necessity for thus reducing the dose was, as I have said, observed by Hahnemann. And it is because allopathic practitioners, when using specific remedies, have so rarely perceived it that so many valuable medicines have fallen into discredit and ultimately into disuse.

What is the correct dose of a medicine, of a homœopathically selected medicine I mean, is still a *quæstio vexata* amongst homœopathic practitioners. We have arrived at tolerably certain knowledge on two or three points preliminary to the settlement of this question. We know, for example, that to be curative the dose given must be smaller than that required to induce its physiological action. We know also that medicines will operate, when given homœopathically, in quantities infinitely smaller than anything short of repeated experiment would ever have permitted us to believe. And it has likewise been clearly ascertained that, while in one case it is necessary to give the homœopathically acting medicine in a high dilution, in another form of disease, to which the same medicine may be equally homœopathic, it is requisite to prescribe it in appreciable, though still comparatively small doses.

Herein lies the difficulty presently surrounding the dose question. From physicians who exclusively prescribe either high or low dilutions, we can look for no help in its settlement. The idea to which Dr. Madden has given expression (British Journal of Homœopathy, vol. xxvi., p. 180,) "that different doses of the same drug will be found suitable to different phases of the action of that drug," is, I have no doubt, the correct one. And when a careful study, deduced from a large experience of all the circumstances under which one dose acted and another did not, shall have been made, then I think we shall be in a fair way toward obtaining some more definite guide in choosing our dose than is at present at our disposal.

There is, in such an investigation as this, an opportunity for

obtaining distinction second only to that achieved by Hahnemann himself.

THE DRIFT OF MODERN MEDICINE.

Five and twenty years have now passed away since the British Homœopathic Society was instituted. During this time our Society has had its ebbs and flows, its periods of prosperity, its seasons of depression. Gratifying as is the long list of names now upon our roll, it is impossible to forget, on looking back into the past, that some once found a place there who are no longer with us. Foremost among the departed worthies of our Society, stand the accomplished Russell, the scholarly Chapman, the genial and highly cultivated Ozanne, the learned, practical, and thoughtful Atkin. These are the names of men whose real, earnest work in the development of homœopathy in this country has insured to them a permanent place in the history of its rise and progress amongst us; men who, in their day, were the ornaments of our body; men, the memory of whom is dear to every one of us.

Thus we have had our losses; heavy losses. On the other hand we have not been without our gains. Never was the number of the members of our society greater than it is to-day. At no period of its history did its position rank higher in the esteem of all whose good opinion we desire to have. Never has its usefulness been greater, its work more practical, and, therefore, more valuable, than now.

During the quarter of a century but just concluded, changes, many, great and, in not a few respects, salutary in character, have been witnessed within the domain of medicine.

At the time when the early meetings of our society were held, the sick were still largely fed on physic. 'Tis so no longer. Chops and steaks, fish and fowl, have succeeded to the posts of honor not long since occupied by draughts and mixtures. Instead of ounces of blood being let, we are told of the glasses of brandy that are swallowed. Where once mercurialism played so prominent a part, cinchonism is now pre-eminent!

It is said that there is a fashion in medicine, just as there is in millinery. True, to some extent, without a doubt; yet the idea is far from conveying the whole truth. For underlying all this apparent fickleness in modes of treatment, independently of the tendency there is to fly from one extreme to its opposite in dealing with disease, there is evidence of a steady onward current of progress toward the practice of a better, a more nearly perfect therapeutic art.

Wherein consists this progress, whither the "*medicine of modern times*" is tending, whereunto the fulfilment of the "*aims of modern medicine*" will assuredly lead her votaries, I ask you to consider with me this evening.

From the days of Hippocrates until within the history of this society, and, practically, to no small extent even now, disease has been regarded as some addition to the existence of the individual, as a material entity to be ejected by some chemical, irritating, or mechanical power. Though ancient theories, admitted on all hands to be erroneous, still tincture the practice of medicine, yet it is none the less true, as a recent reviewer has said, that "the tendency of the medicine of to-day is to take an essentially opposite view. To its eyes, disease daily more and more presents itself, not as an addition to life, but as something less than life."*

The practical application of this view is seen in the more frequent, I might, indeed, say lavish, use of stimulants, in the advocacy of a more generous diet in all forms of acute disease, and in the abstaining from the employment of measures calculated to operate upon the functions of the body in a depressing manner. Dr. Wilks has given us a very striking account of the effect of this teaching as seen in every day practice: "If I am called," writes Dr. Wilks, "to consult in a case of pneumonia, I generally find that brandy is being given, and I naturally inquire if this has been found a good remedy in the disease. I obtain for answer that the patient was too weak to be treated by rule; and his feeble condition necessitated the stimulant. If I see a case of acute rheumatism with pericarditis, treated by the same universal remedy, I get the same answer, that the patient was so low that the stimulant was absolutely required. If it be scarlet fever, typhus, typhoid, bronchitis, or other malady, they are all treated on the same plan. In fact, ammonia, ether, and alcohol, might be regarded as universal medicines in acute diseases, just as quinine and iron are in chronic."†

The definitions of disease put forth of late years, by physicians whose known learning and ability demand for them our respect, are couched in terms very similar in their import. "Diseases," says Dr. Gull, "are but perverted life-processes."‡ Professor Hughes Bennett, accepting Béclard's definition of life, that it is "organization in action," remarks "disease is the disturbed or abnormal condition of

* Quarterly Review, April, 1869,
† Brit. Med. Journal, Aug. 8, 1868, p. 137.
‡ Medicine in Modern Times, p. 187.

that action."* Again, Dr. Haldane, in an address delivered some four years ago at the Edinburgh College of Surgeons, states the case thus: "Diseases are not entities, but some perversion of normal or physiological processes." Dr. Wilks defines disease to be "an abnormal state of some bodily function."† Dr. Reynolds, in the introduction to the "System of Medicine" edited by him, is somewhat more comprehensive in his statement. He writes: "If we regard disease in the abstract, we have to deal with that which changes, fetters, renders painful, or puts an end to life; and from this point of view disease may be defined, any condition of the organism which limits life in either its powers, enjoyments, or duration. * * * If we consider disease from a less elevated point, and deal with it as a fact of daily experience, we come to regard it as any departure from the structure or functions of the body, as these are shown to us in health; and may define it to be an abnormal condition of function or structure, or both." Lastly, Virchow defines disease as "life under abnormal conditions."

It will have been observed that, throughout the whole of these definitions of the nature of disease, runs the idea that it consists in a modification of life. From this modification of life result those modifications of life processes or functions by which disease makes itself apparent to our senses. This brings us to that often times discussed question: What is life? What is that, of which disease is a modification? "Life," says Béclard, "is organization in action." Life, I would suggest, is rather that mysterious something which permits of action taking place in an organization. For, while it is true that we can have no action without organization, it is equally true that the most perfect organization may lie before us utterly incapable of any action going on in it. Organization in action is a manifestation of life. It is in the power of action, possessed by the organization, in which alone life can really be said to consist. It is solely to this power, this force, that we can ascribe the processes of motion, growth, formation and multiplication of the elementary matter of animals and plants. To fulfil such purposes as these, mere physical and chemical forces are utterly incompetent. Some there are who, with Dr. Bence Jones, anticipate the day "when many so-called vital actions, as knowledge advances, may be included among

* Principles and Practice of Medicine, 3d. Ed., p. 105.
† Guy's Hospital Reports, 1868, p. 20.

ordinary chemical or physical actions."* Of vital actions, erroneously so-called, if such there are, this may be true; but of acts peculiar to living matter, acts which to dead matter are impossible, it can never be verified. That physical and chemical forces do operate, and that largely, in the carrying on of the work of the economy, no one denies; but over and above these, conditioning, transforming them, we must, in order to account for the simplest processes in the living body, acknowledge the presence of another and totally distinct force, acting upon and through them. I would here use the language of Dr. Beale, by far the clearest thinker out of this most obscure, yet fascinating study, and say, "I cannot account for certain phenomena, unless I resort to the hypothesis of the existence of a vital force, which differs entirely in its action from any known forms of ordinary force. Some have asserted that they can do so. I beg them to explain."†

All elementary growth, then, is dependent upon a force distinct from physical and chemical forces, and this force we term *vital.* Health consists in the exercise of this force at a rate competent to give rise to perfectly formed material. Disease is present when—in many morbid processes at any rate—vital changes proceed too rapidly; when, vital force being too active, "a greater quantity of inanimate pabulum is converted into living matter."‡ It is also present when vital changes proceed too slowly, when vital power is deficient in activity.

To illustrate the first position, that disease consists in excess of vital action, Dr. Beale writes: "A common cold cannot come on without the increase of living matter. * * * The increase of living matter occurs in all fevers and inflammations."§

As an example of disease emanating from a deficiency of vital power, I would adduce that arrest of absorption to which some dropsies of serous sacs are due.

Dr. Chambers has, in his "Lectures, chiefly Clinical," most ably argued that *all* disease is an arrest of life; a deficiency of vital power. The sick man is weak; he presents either a deficiency of nutrition, that is, of constructive form building; or a deficiency of moulting, that is, of form destruction; and hence his vital force is assumed to be defective. The difference subsisting between the

* Croonian Lectures, British Med. Journal, May, 1868.
† Med. Times and Gazette, June 16, 1866.
‡ Beale, British Medical Journal, Oct. 10, 1863.
§ Medical Times and Gazette, June 16, 1866.

views of Dr. Beale and those of Dr. Chambers, consists in the former tracing disease home to its very elements, while the latter argues from the results brought before him at the bedside. That immense waste takes place in disease is allowed by both, the former accounting for it by an excess of change, a rapid formation of imperfect, of degenerated material due to excessive vital activity; the latter looks upon this waste as arising from the non-conversion of pabulum, owing to defective vital power. If, however, "rapid growth; the appropriation of a large quantity of nutrient matter; rapid change; rapid increase of bulk, are evidences of a high degree of vitality" (and who will deny that they are so?), then, undoubtedly, the elementary changes in a large number of diseases do warrant us in supposing an increased display of vital force, an increase which, in order to promote a return to health, must be checked; vital force, that is, must be restored to its lost balance.

But, together with this excessive expenditure of vital force, locally, as in inflammation, and so on, we may have, and I think very generally do meet with a deficiency of vital energy in other portions of the organism, as where absorption, secretion, and excretion are in a measure arrested; and hence do we arrive at that "compound state" presented by disease, which, as Dr. Reynolds says, "is, even now, but imperfectly understood" (*op. cit.*)

The object of treatment, then, consists in the rectification of a disturbed balance of vital force leading to abnormal conditions.

We come next to consider what guides we possess by which to direct measures competent to effect this rectification. Vital force is known to us only by its results. When disturbed, these results are seen in symptoms of two kinds, subjective and objective; such as are alone perceptible to the patient, and those which can be seen, heard, or felt by the physician. We are further guided, in forming our estimate of the nature of the results of disease, by the history of the illness, a knowledge of the usual degree of health enjoyed by the patient, and by the circumstances of a hygienic character which surround him. Further, the subjective symptoms are intelligible, and therefore valuable in proportion as they have been studied in connection with *post mortem* appearances in similar cases that have terminated fatally.

On the relative value of subjective and objective symptoms, I am happily relieved from the necessity of detaining you, by the fact that a very excellent essay on this subject, from the pen of Dr. Madden,

will appear in the forthcoming number of the British Journal of Homœopathy.*

The importance of subjective symptoms is, I think, somewhat underrated in these days. The many ingenious instruments devised to facilitate the inspection of parts where the morbid process is most actively proceeding, while they have afforded us information invaluable alike for correct diagnosis and for successful treatment, have unquestionably led to the adoption of partial views of disease, and consequently to partial methods of treatment, with the very necessary result, in many instances, of only partial success in curing. A remark of Dr. Reynolds is well worthy of attention here. While attaching primary importance to the objective phenomena of disease, Dr. Reynolds says that, that of those which are subjective sometimes "far exceeds anything that can be derived from direct observation. In the early stages of some diseases of the heart or brain, nothing may be presented to the practiced ear or eye; and yet the patient tells us of a deep unrest, or sudden horror, which, although it has no objective sign, may be the herald of some sudden or lingering disease; as true and as important—although to others the mind seems clear and the heart's beat healthy—as any murmur we might hear with the stethoscope, or any palsy we might measure with the hand; we have to deal with a man as a whole; and to ignore or undervalue what he tells us of his ideas, emotions, or sensations, because they are termed 'subjective symptoms,' and be held to be, therefore, unreliable, would be to shut out from ourselves that which, egotistic and fearful, prejudiced and ignorant as man may be, yet forms an integral part of his life, and therefore of his disease. We must be careful to give to both groups of symptoms their true value; and our danger in the present day is to underrate the importance of those which, a few years ago, constituted almost the total symptomatology of disease."† By both classes of symptoms, then, are we guided in ascertaining the nature of the results proceeding from abnormal life, in our choice of remedial measures to correct or control this abnormal life, and in those we select for the prevention of organic mischief arising from its results.

We pass on to glance for a moment at modern ideas regarding remedies. Any means by which life can be influenced may be a remedial measure. I say "may be" because of necessity the reality

* British Journal of Homœopathy, July, 1869, p. 458.
† System of Medicine, vol. i, p. 13.

of remedial influence depends upon the mode in which the measure inforced is applied. There is something more than mere magnitude of dose between a remedy and a poison. A change of air may be a remedy, but it is so only when, in the first place, the climate selected is suitable to the patient's case; and, secondly, when his mode of life and general surroundings away from home are conducive to health.

Passing over remedial measures of a dietetic, hygenic, and climatic character, the importance of which it would be difficult to overestimate, I come to those known as drugs, and I proceed to inquire how, by the authorities of modern medicine, it is now taught that their action is to be ascertained, how they are to be applied.

The value now attached to mere drugs is far less than it was when this society was instituted. Sir Thomas Watson's memorable address at the Clinical Society,* and his scarcely less memorable remarks twelve months later,† on the criticisms his previous observations had evoked, show, with a clearness and a force leaving scarce anything to be desired, how little is generally known not only as to the uses of drugs as remedies, but regarding their physiological effects. "The greatest gap in the science of medicine," said Sir Thomas Watson on the first of the two occasions to which I have referred, "the greatest gap in the science of medicine is to be found in its final and supreme stage; the stage of therapeutics." And again, "we want to learn distinctly what is the action of drugs and of other outward influences upon the bodily organs and functions; for every one nowadays, I suppose, acknowledges that it is only by controlling or directing the natural forces of the body, that we can reasonably hope to govern or guide its diseased actions." In his estimate of the special duties the Clinical Society was instituted to perform, he expressly alludes to the want of "authentic reports of trials with medicinal substances upon the healthy human body," and when concluding he gives utterance to the hope that work of this kind may "lead at length, tardily perhaps, but surely, to a better ascertainment of the rules, peradventure to the discovery even of the law, by which our practice should be guided."

Early in the current year, when retiring from the presidential chair of this Society, Sir Thomas supplemented the observations just quoted, saying, "It seems to have been thought in some quarters that I had renounced my faith in physic, that I undervalued the

* British Medical Journal, Jan. 18, 1868.
† Ibid., Jan. 16, 1869.

resources and usefulness of our art. Such a notion is the very reverse of the truth. I am anxious to have the effects of remedies carefully ascertained and certified, just because I have so great faith in their real force. What I deprecate, what I fain would see altered, what it is one great end of this society to do away with, is the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions. Far from thinking that our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of the modern rifle, instead of the wild flight of the old fashioned smooth-bore. Probably I have even greater reliance than many physicians on the virtue of drugs, of what used to be called simples; a word I like because it helps continually to suggest to ones's mind the golden rule that their administration should be simple, that they should be mixed as little as possible with other substances which might confuse or vitiate the conclusions to be drawn from their actual operation."

I have brought under your notice these extracts from the addresses of Sir Thomas Watson, because they express the matured views of one of the oldest, most cultivated, and most largely experienced physicians of the day respecting the inutility, not of drugs, but of the ordinary modes of prescribing them; because we are herein assured, on the highest authority, of the necessity for clearly ascertaining the physiological action of these sources of good, as well as evil; they also tell us of the method to be resorted to in order to obtain this information, and finally they speak of the grand result to be anticipated from such experiments.

In years gone by, a very few years before this society was instituted, Sir Thomas Watson, in a work truly classical in its character, had expounded what he at that time esteemed the best modes of encountering disease, the most successful ways then known to him of staving off the king of terrors. There is no lack of confidence in the virtues of drugs to be found in the "Lectures on the Principles and the Practice of Physic." No hesitation in prescribing them, arising from a sense of ignorance as to their physiological properties, is apparent there. Blood-letting, purgation, salivation, counter-irritation, the active and energetic administration of diuretics, diaphoretics, and other measures equally violent in their character, are commended as well worthy of reliance in our greatest difficulties, as adequate to meet cases of the most imminent danger!

This change of feeling as to the virtues of the methods of treat-

ment hitherto in vogue; this consciousness of how little is really known regarding the nature of remedies in daily, and long continued use; this as it were tentative looking to experiments *in corpore sano* for a pure *materia medica*, marks the writings of every representative of "modern medicine." "And as to the uses of medicines," says Dr. Chambers, "with which it is a student's duty to be acquainted, do you not see that the safest guide to a knowledge of their effects upon a disordered body is the knowledge of their effects upon a healthy body, and that the most certain way of advancing the art of healing is to search out the essential action of physical agents."*

Look where we will among thoughtful, scientific, and practical physicians, we find the same, identically the same, views in the ascendant.

On two other points of vital importance to therapeutics, some progress marks the current of "modern medicine." It is now admitted at least to some extent, that certain medicines possess an elective affinity for certain parts and tissues of the body. Dr. Bence Jones indeed, says that "for want of more definite knowledge, we are almost tempted to assume that medicines have an elective affinity which determines the place where they will act."† Dr. Jones objects to this doctrine that, after giving one and one-third grains of carbonate of lithia to a Guinea pig, he found it in three days in every tissue of its body. I would reply that it is one thing to find carbonate of lithia in every tissue of the body, and another for it to act upon, to disturb every tissue of the body. It may go everywhere, but it will exert an influence only where it has an affinity. Now hear Virchow. What says the great pathologist and politician of Berlin, the antagonist alike of Hughes Bennett and Bismarck? He tells us that he cherishes "the conviction that particular substances which find their way into the blood are able to induce particular changes in individual parts of the body, by their being taken up into them in virtue of the specific attraction of individual parts for individual substances. We know, for example, that a number of substances are introduced into the body which possess special affinities for the nervous system, and that among this number, again, are some which stand in a closer connection with certain very definite parts of the nervous system; as, for instance, with the brain, the spinal cord, or sympathetic

* Lectures, chiefly Clinical, p. 604, 4th ed.
† Croonian Lectures, British Medical Journal, 1868.

ganglia; and others, again, with particular parts of the brain, spinal cord, etc. On the other hand, we see that certain materials have some special relation to definite secreting organs; that they penetrate and pervade them by a kind of elective affinity."*

And elsewhere he says: "If we cast our eyes upon the glands, it is a well known fact that there are specific substances by which we are enabled to act upon one gland and not upon another, to rouse the specific energy of one gland, whilst all the rest remain unaffected."†

The necessity of individualising cases in order to arrive at a plan of treatment which shall be successful, is also strongly insisted upon. Treat the patient, and not the so-called disease; look to the general condition of the man, not merely to the local disorder; direct your treatment to the constitutional state, and the more prominent disturbances will vanish, are principles now constantly inforced in our medical schools. All this is too one-sided, too partial to be true. Yet it contains the germ of truth. It is a reaction against the vicious methods of treatment suggested by the idea of some palpable *materies morbi* fixing itself upon some vital organ. When the time arrives which shall witness a general diffusion of the knowledge of the principle upon which drugs ought to be selected for the cure of disease, it will be seen to be possible, at one and the same time, to take cognizance of the local as well as of the constitutional derangement of vital force. Meanwhile, this idea of treating the patient has been united to that other idea, that all disease is weakness, and the result of the union is that stimulants, either alcoholic or otherwise, comprise nearly the only materia medica in use! Indications are, however, not wanting to prove that the brief reign of alcohol as an *elixir vitæ* is drawing to a close.

The position of "modern medicine" in regard to therapeutics seems very similar to that which, in the life of nations, precedes for some time all great revolutions; there is an universal feeling of discontent. As the nature of disease becomes more clearly understood, as the weapons with which it has been customary to wage war against this great enemy receive more careful examination, does this discontent increase.

The one direction in which some real work is in progress toward a solution of the great problem of the method in which drugs should be

* Cellular Pathology, p. 126. † Op. Cit., p. 293.

used, is in the experiments which are being made toward ascertaining the effects of medicine on the healthy body. The work done is not much, neither has it been done in the most useful manner; but such as it is, it is highly significant of the result which must inevitably follow from a pursuance of it. I refer here more especially to the experiments of Professor Hughes Bennett and others, with *mercury*. These experiments are faulty, inasmuch as they were exclusively made upon the lower animals; they were instituted, moreover, not to inquire into the general action of mercury, but into one of its supposed actions; in the words of the reporter, "To determine the action of mercury as a cholagogue." The result is that mercury is found *not* to increase the secretion of bile in healthy dogs at all; but on the contrary, the more mercury a dog gets, the less bile does his liver secrete.

Now if there is in the whole practice of medicine one condition which the old-fashioned apothecary feels more confident of curing than another, it is that form of disorder of the liver where the secretion of bile has received a check; his infallible resort, moreover, in such a case is mercury, and will, I doubt not, continue to be mercury until the end of the chapter. He is right, and the physiologist is right. Both are right just in the same degree as it is true, that drugs which in health can produce a certain form of disease, can cure such an one when arising from ordinary causes.

Here is the fashion after which "modern medicine" seeks to prevent this, the really most important result of Professor Bennett's experiments, from being apparent. In commenting upon Dr. Bennett's report, Dr. Sidney Ringer writes, "Yet the experience of generations speaks as strongly in support of the assertion that in some diseases the bile is increased by mercury. And it is easy," pray mark this, "it is easy to conceive in disease these compounds may set aside the condition hindering the formation of bile, and so act as cholagogues, while still in health their influence is to check the secretion."

Can it be true that there are any among the allopaths, who can draw comfort from so mysteriously worded a sentence as this? If it be, as Dr. Ringer says, "easy" to conceive how all this happens, would that he would explain! We should then have an interpretation of the law of *similars*, and that even now is a *desideratum*.

Let but these experiments be pursued, even in the very partial and imperfect manner adopted by Professor Bennett, and similar results

will follow. Medicines known to exert a curative influence over a definite kind of morbid action, will be found to give rise to precisely the same kind of disorder in the healthy. Then, when experiments with a goodly series of drugs shall have been completed, and compared with clinical results empirically obtained, it will be impossible to avoid being brought face to face with that "law" which Sir Thomas Watson hopes the clinical society may be the means of discovering, and which indeed there is some small hopes of its rediscovering, not discovering, for that is impossible; he having been forestalled in that by seventy years and more.

The "medicine of modern times" presents us, then, with a clearer physiology, a truer pathology; allows that the mode of medication generally adopted a few short years ago are erroneous; admits that the real knowledge of the action of drugs must be acquired *in corpore sano*, evinces considerably more than a suspicion that for certain tissues certain drugs have a special affinity; and, finally, reaches, in a very rough and unsatisfactory way, certainly, that, to hope for successful treatment, cases of disease must be individualized.

The chief aim of modern medicine in the treatment of disease would seem to be the sustentation of the body by nutrients and stimulants, until such time as the morbid process shall have run its unchecked career. No measures are, intelligently at any rate, directed against disease in its primary seat. How to modify, regulate, or re-invigorate vital action, modern medicine presents us with no distinct method. In the absence of any principle of specific drug-selection, while denying the validity of that on which we rely, the representatives of modern medicine have added largly to her resources, by adopting remedies which, were this principle not a true one, would never have been tested, never have been known.

Thus, modern medicine, through the mouth of one of her most prominent sons, tells you that *aconite* is the remedy, *par excellence*, in that form of fever known as inflammatory, and while doing so he derides and sneers at the very principle which first unveiled the secret.

Another, a rising member of the priesthood of modern medicine, dwells at length, with much satisfaction, on the value of this same priceless remedy in nearly every condition in which the law of *similars* has told us that it is useful.

Within the last month a small book has appeared, purporting to expound the actions, and detail the uses of the most important drugs in the pharmacopœia. Its author is Dr. Sidney Ringer, the Professor

of Materia Medica in University College.* The absorption of the teachings of homœopathists presented in this volume is singularly considerable. Examining, then, for a few minutes this, the latest deliverance of modern medicine, I would ask: How came it to pass that modern medicine found in mercury a remedy for mumps?† On what principle can it be that the cure of dysentery by the bichloride of mercury "is remarkably speedy and certain?"‡ Whence did modern medicine learn that "a drop of the solution of arsenic administered three times a day," would be of much assistance in chronic coryza?§ That "in chronic ulcer and cancer of the stomach arsenic is invaluable, by curing the pain and checking the vomiting of these complaints?"‖

"The testimony," writes Dr. Sidney Ringer, "in favor of the employment of this remedy (arsenic) in cholera is very great. It is especially recommended in the later stages of this disease, when there is much collapse."

Whose is this testimony? I would ask. What is the therapeutic principles, the discovery of which led to the accumulation of this testimony? Dare modern medicine tell? Who informed modern medicine, or from what principle did her disciples learn that camphor will "cut completely short," or much abate the violence of catarrh and influenza in its first stage, but that if this "is past the remedy is without effect?"¶ Whence the knowledge that "in the treatment of summer diarrhœa, and even of cholera, there is, perhaps, no remedy so efficacious as camphor, but that it must be employed at the very commencement of the disease, or it will be without effect?"**

And, again, who first announced the fact, given in Dr. Sidney Ringer's "Handbook" as though it had never previously been stated, that "the influence of camphor in cholera is most conspicuous?" Where is the key to the fact that in the difference of opinion prevailing as to the utility or danger of cantharides in inflammation of the kidneys, the "discrepancy" "arises from the difference in the dose in which it has been administered by different observers?"†† How happens it that, while acting as an irritant to the urinary tract, "it may yet be employed in cystitis," and similar disorders? What is the principle that would have suggested to

* Handbook of Therapeutics. London; Lewis. 1869.
† Op. cit., p. 169.
‡ Op. cit., p. 170.
§ Op. cit., p. 189.
‖ Op. cit., p. 190.
¶ Handbook of Therapeutics, p. 264.
** Op. cit., p. 265.
†† Op. cit., p. 266.

the minds of the teacher of modern medicine that "there are few remedies so powerful to check some kinds of vomiting as ipecacuanha?"*

One more, and I have done with Dr. Sidney Ringer. On what principle, recognized as what is termed orthodox, is any teacher of modern medicine justified in asserting that chamomile "may be very usefully given every hour or two to children with diarrhœa of green, many colored slimy stools;" "such a diarrhœa as is frequent in summer, and also during teething?" Dr. Ringer asserts this just as every homœopathic practitioner has done during the last sixty years or more.

Many more are the truths taught in this volume, which have been derived from the doctrine of Hahnemann, and urged by his disciples during long years, upon a blind and prejudiced generation of physicians. For it is a fact; only tell it not, I pray you, in University College; publish it not in the Strand; it is a fact, that well nigh every statement regarding the curative power of drugs, here recorded, and worth remembering at the bedside, is a tribute—silent, certainly, and unwilling, doubtless, but none the less a tribute—to the truth of homœopathy!

We are, then, arrived at such a pass as this, that to teach, as facts, observations derived from the practical application of the law of similars, and either to deny its authenticity, as does Dr. Wilks, or to ignore its existence, refusing to accord to it any influence at all, as does Dr. Sidney Ringer, *veritas vel mendacio corrumpitur vel silentio*, to give forth these facts as novelties, as original, is orthodox and right, is honest, is worthy of a man! But to tell of the principle that pointed out these facts, and hundreds more beside them, similar in character and equally valuable, is—what? Is heresy! is quackery! is that which shall insure the forfeiture of an hospital appointment, secure the denial of professional courtesy, entail exclusion from professional society.

The positions, now arrived at by modern medicine were, I proceed to show, in no small measure occupied seventy years ago by Samuel Hahnemann.

The hypothesis of a vital force is esteemed needful to account for elementary physiological processes. So Hahnemann† taught that the vital force was that which, in the healthy condition of man, retained all the parts of the organism in harmonious operation with respect

* Handbook of Therapeutics, p. 294.

† Organon of the Art of Healing. Translated by Dudgeon. London. Headland. § ix.

to both sensation and function. He assures us, in the subsequent section, that without this vital force no sensation, no function, no self-preservation is possible to the organism. The doctrine insisted on with so much enthusiasm by Trousseau, now held by Beale and by all physiologists who are something more than chemists, is but an elaboration of that held by Hahnemann. It is Hahnemann's doctrine, elaborated by the successive labors of Schwann, Schleiden, Virchow, Beale, and others. Reduce sensation and function to their primary sources as modifications of cell-life, modifications incompetent to any but a vital force to induce, and Hahnemann's doctrine is that now maintained by the most trusted physiological observers of the day.

Of disease, modern medicine tells us: First, What it is not, an entity. Secondly, What it is, a perverted life process, life proceeding abnormally. Precisely is this the doctrine urged in the preface to the "Organon" (p. x.), where its author says that disease is no material principle, but a derangement of the vital force; of that force, upon the healthy balance of which it is now recognized that life processes depend. In speaking of morbific products, he describes them as "the excretory products of disease that is of the purely dynamic derangement and disturbance of life." A view entirely confirmed by Dr. Beale's observations of the condition of cell life during inflammation, and in other processes where a large increase of cell formation takes place.

At a later period of his life, in an effort to explain the *modus operandi* of the law of *similars*, Hahnemann gave expression to views which, at first sight, seems to favor the idea that he had ceased to regard disease in this light, that, on the contrary, he looked upon it as something entering the body, which something it was the business of the vital force to extrude. He here* likens disease to an enemy entering a foreign country, and vital force to the native army, upon which devolved the duty of conquering him. This passage was penned after Hahnemann had become possessed of the idea that all chronic diseases were the result of some miasm, some poison entering the body, and influencing, during a greater or less period of time, every morbid process of which it might become the field. But, if I interpret Hahnemann aright, he here refers, though doubtless in language obscure and largely open to misconception, to the causes of disease, to the material poisons which no one denies do

* See Dudgeon's Translation of the Organon, p. 128, foot note 2.

ter the system, and then create that perversion of life resulting in disease. Such poisons, be they malarious or what not, can no more be said to constitute disease, than can the champagne of to-day be looked upon as the headache to-morrow. The tenor of Hahnemann's entire writings goes to show that he distinguished most clearly, no one more clearly, between the causes of diseases, disease itself, and the effects or excretory products of disease.

Hahnemann's instructions for the investigation of disease have left nothing for modern medicine to add, save in detail. To obtain a true portrait of the disease we desire to cure, Hahnemann enjoins the noting of *all* those deviations from health perceptible to the senses, whether felt by the patient himself, remarked by those around him, or observed by the physician.* Herein he recognizes the value both of subjective and objective symptoms. Not only are we to inquire into the feelings of the patient, but we are to use our eyes, as when we now examine with the laryngoscope; our ears, as when with the stethoscope we ascertain the condition of the lung; with our nose, as when we draw inferences from the exhalations of the secretions of the body; the sense of touch is to be drawn upon, as in ascertaining the quality or dimensions of a swelling; the sense of taste finds its substitute in chemical processes.

Hahnemann is often denounced, by those who misunderstand him, as well as those who refuse to attempt to comprehend him, as having merely treated symptoms. This is unjust. "Symptomatic treatment," says Hahnemann, "is a one-sided procedure," which "has justly excited universal contempt, because by it nothing was gained, but much harm effected."

Hahnemann regarded symptoms as the outward and visible signs of perverted life-processes; as the indications for ascertaining the medicinal requirements of disease. Precisely in this light are symptoms estimated now. In Hahnemann's time, the aids we possessed to the discovery and appreciation of objective symptoms had no existence; many of them, indeed, have not the age of this society. What he did, was to make full use of all the methods of investigation known to him; and so well did he use them, that he effected—placed upon an imperishable basis—the greatest reform the art of medicine has ever known. Had he had within his reach the means that have been provided for us, we may rest assured that he would have welcomed such additions to the discovery of symptoms right heartily.

* Op. cit., § vi.

It has also been alleged against Hahnemann, that he denied the recuperative power of nature, that he rejected the idea of a *vis medicatrix naturæ*. It was, indeed, far otherwise! In his introduction to the "Organon," to refer to only one out of many passages that might be cited, he says, that oftentimes acute disease would cease of itself. At the same time the vigorous way in which, seventy years ago, the diseased body was attacked with physic both inside and outside and at all hours, left but little opportunity for any exact observations to be made as to the power of vital force to recover its lost balance without help *ab externo*. Hahnemann knew perfectly well that he could aid this *vis medicatrix naturæ*, he also knew that unaided, though health might be to a large extent restored, yet that in no small proportion of instances products of disease were left behind, rendering life more or less abnormal for the future, leaving susceptibility to subsequent attacks of disease greater than had previously existed; and feeling his power to interfere aright, being conscious of the possibility of evil results from non-interference, he insisted on the importance of influencing the course of disease by suitable remedies.

But after all, who is there among physicians, who does trust a patient to the unaided powers of nature? Where is the patient who will consent to be so trusted? Who does not urge the value of rest, of dietetic restrictions, of a certain amount of what is termed nursing in promoting a return to health? These and such as these are all remedial measures, and diseases so treated cannot be said to be left to nature, although the only medicine prescribed may be the *extractum graminis* of Skoda or the *mint tea* of Gull.

As to the injurious character of blood-letting, purgatives, mercurialism, depressing remedies, powerful drugging of every kind, the views of Hahnemann are exactly those held by the best teachers of modern medicine to-day. Whether such views entirely control the practice of medicine throughout the country is another matter. I do not think they do. "Something" must still be done by the practitioner in the shape of physic giving; and although what is done is done more mildly, save in the case of stimulation, it is done on the same principles as aforetime, and with the same weapons.

The suggestion to ascertain the properties of medicines by experiments *in corpore sano*, now so urgently demanded, and yet so feebly acted upon, is Hahnemann's. To carry out these experiments fruitfully, modern medicine can but little improve upon the instructions given by him.

That diseases, cases of disease, rather, should be individualised was never so strongly urged by any physician as it was by Hahnemann. It was, however, an individualization of a far more precise character than that taught as necessary by modern medicine; it was an individualization intended to secure a complete correspondence between the morbid condition of the patient and that which the remedy was capable of exciting. This modern medicine can never fully appreciate until she accepts the guidance of a therapeutic principle.

That such a principle exists, modern medicine still denies, or affects to deny. Yet, notwithstanding this, her choicest and most reliable remedies in certain well-defined forms of disease have, as I have shown, become known as such only through the application of the principle, *similia similibus curantur.*

The honor of having been first to perceive the full value of this principle, the distinction of having done more than any man, either in his own time or in ours, to make this principle available in practice, belongs to Hahnemann.

As time rolls on; as the doctrine of the nature of disease taught by Hahnemann, and now taught by modern medicine, takes deeper and yet deeper root; as the opinions of the evil consequences of drugging expressed seventy years ago by Hahnemann, and now admitted to be just and true by modern medicine, are more practically recognized; as the physiological properties of drugs unfolded by experiments first suggested by Hahnemann, and now esteemed by modern medicine as the only sure means of attaining a certain knowledge of remedies, become more numerous; just in proportion will modern medicine come to a knowledge of the truth that, in the words of Hahnemann: "To effect a mild, rapid, certain and permanent cure, the physician must choose in every case of disease a medicine which can itself produce an affection similar to that to be cured."

To this end the teachings, and to no small extent the doings, of modern physicians are tending. As they drift toward us, as they more and more nearly approach the doctrines of Hahnemann do the journals of modern medicine loudly assert that we, who have in a great measure silently led them to the point where they now halt, are relinquishing Hahnemann!

It is said, and said rightly, that it is our duty to encourage to the utmost of our power the adoption by allopathic physicians of remedies suggested by the law of similars. We are, however, told by some that the frequent mention of the name of Hahnemann is a stumbling

block to this end. That by repudiating Hahnemann we shall promo the spread of homœopathy. That it would be infinitely better *poli* never to allude to the work accomplished by Hahnemann; that, short, the sooner he is forgotten the better will it be for homœopat the better will it be for medicine!

Thus are we told that *expediency* requires of us the sacrifice of memory of the greatest therapeutist of this century, in deference the cowardice, the prejudice, and the weakness of the leaders modern medicine!

Expediency, I abhor, come in what shape it will. Despic as it is when urged by the so-called statesman as a reason sufficien valid to justify the extinction of rights the most sacred; never is t time-serving, cowardly vice so detestable, so ghastly, as when call upon us to dishonor one to whom we owe so vast a debt of gr tude as we do to Hahnemann.

No; I turn from the revolting suggestion, and claim for Hah mann the highest honor, the most profound veneration from all w profit, as we do, by his life of labor, of suffering, and of persecuti No one man ever lived whose influence upon the practice of medic has been so great as his. No man ever lived, the influence of wh work and teaching will so deeply tincture the medicine of the futu

We know full well, and admit readily, if regretfully, that Hah mann entertained opinions, and held to them somewhat tenacious which, on some points, experience has not confirmed. That attached to mere drug medication a degree of importance we h reason to know was exaggerated. And yet more, we are willing allow, that he looked upon homœopathy as too exclusively requi to cure disease, that he was blind to the fact that similar results c be obtained, at least in a certain number of cases, by other and l direct means.

We also admit, and with still greater regret, the ethical blemis in his writings. It is unquestionably much to be deplored, that should have been betrayed into attributing to the physicians of day mere mean and mercenary motives for a persistence in metho of practice he knew and felt to be pernicious, which all now adm to have been pernicious. All this was wrong, is very much to lamented. But remember it was in no small degree, nay was it n entirely, provoked by persecutions of the most heartless, unrelentin and utterly unjustifiable character. In all this we do but acknow ledge that Hahnemann was human, and that the old saw, *humanum*

est errare, was proven true in the person of one of the greatest minds that has ever shed a lustre over the art of medicine.

But, it is not enough that in mere words we do homage to the genius, and venerate the memory of him who will one day be looked up to as the father of modern medicine; we must hasten this day. Toward this each of us may do somewhat. All can do so by increased care in practice. By prescribing with more and more scrupulous exactitude, and so increasing our success in the treatment of disease. For, be it remembered, every case cured homœopathically is an addition to the evidence we possess of the truth of homœopathy; is one more tribute to the genius of Hahnemann.

Yet more is demanded of us. There are many subjects of importance in connection with the truths it is our special province to cultivate, awaiting careful investigation. Our materia medica requires earnest attention. How little have we in England done to improve our resources in curing. Germany and America are infinitely in advance of us. The proving society in Vienna, and the additions to our remedies we have received from America, are a standing reproach to our British energy. The great necessity of our materia medica is, that we should have re-provings of old remedies, re-provings conducted by the light of modern methods of research rather than provings of new plants. This is a work in which the junior members of our body, with plenty of health and leisure to embark in the undertaking, might engage with much of profit, much of honor to themselves. To those willing to follow in the footsteps of Hahnemann in this regard, I would advise the careful study of the experiments of the Austrian society with *colocynth*, and those of Doctor Drysdale with the *bichromate of potash*. These are provings worthy of imitation, and not mere fragmentary imaginations developed after swallowing a transcendental dilution of the juice of some, perchance inert, plant. We want, too, opportunities for teaching what homœopathic practice is. It is in the highest degree essential that homœopathy should be taught. Nowhere can this be so completely or so effectually done as in the hospital within whose walls we are assembled. British homœopathic practitioners look to the medical staff of this institution to provide the means of studying homœopathy systematically. It is my earnest hope that they will no longer look in vain.

The regeneration of therapeutics, is a great and noble work in which to take a part. None relating to this life merely is greater.

Most thoroughly assured I am that this regeneration lies in the direction of homœopathy. Thither is modern medicine drifting. Be it ours then to promote the development of homœopathy, increasing its resources, adding to the large mass of evidence already accumulated in its support, and diffusing a knowledge of its means and method among the younger members of our profession.

In so doing, we shall at one and the same time invigorate the art of medicine, be the means of relieving a large amount of human suffering, and give a full and practical effect to our veneration for the memory and genius of Hahnemann.

ARTICLE XX.

The Origin and Present Status of Homœopathy. By William Bayes, M.D.

Introduction.

To render the sketch of any new branch of philosophy complete it is desirable to commence with a short history of its founder and of its foundation; for the capability and credibility of the witness have no slight bearing on the value of his scientific testimony. When relating the facts upon which the science of homœopathy is based, it is, therefore, important that we should acquaint ourselves, to some extent, with the man who observed and recorded them. It is also desirable that we should compare his testimony with that of other independent observers, and thus sift the statements which he has laid before us.

With this end in view, I have, first, given an outline of Hahnemann's life, and to avoid all bias of partizanship, I have reprinted the account of his eventful career from a popular Encyclopædia, adding only that which it lacked in the relations of its closing scenes. And, secondly, I have recorded the facts on the observance of which he founded his system, and have compared them with the experiments of eminent medical authorities of our own day. I have preferred this style of critical inquiry to that which has usually been adopted (the statistical), because its arguments are less open to objection than those founded on an appeal to vital statistics, while in taking a line of argument founded on observed and admitted facts, I stand upon neutral ground, equally frequented and believed in by all schools of medicine.

But I do not the less believe in the statistics which have hitherto been advanced. I have examined into many of these, and have found them reliable and trustworthy, particularly those of Dr. Tessier, by whom homœopathy was practiced, on a large scale, and for many years, in the Hôtel Dieu, in Paris,* side by side with the ordinary practice of other physicians. Here all circumstances were equal, patients were treated in the same city, under the same roof, and with the same regulations of admission, and impossibility of selection. The result showed that, in the homœopathic wards the mortality was less, the recoveries were more rapid, and the expense greatly diminished.

* See Monthly Homœopathic Review, vol. ii, p. 361.

Somewhat similar, too, were the statistics of Dr. Liagre,† at Roubaix, Nord, France. He compares the results of his former treatment with that of his present homœopathic treatment, in the same public hospital, during a succession of years. He found that he saved more human life, and his patients recovered more quickly and at less cost than when he treated them in the ordinary manner.

I merely allude to the statistical line of argument to explain that my not having taken it up in these pages is not because I do not think it strong or trustworthy, but because I think that the argument founded on a critical inquiry into facts is much stronger and is less open to cavil or objection.

A SHORT BIOGRAPHICAL SKETCH OF HAHNEMANN.

The following short biography of Hahnemann is taken from *Chambers' Encyclopædia:*

"Samuel Hahnemann, a celebrated German physician, was born in 1755, at Meissen, a small town in the neighborhood of Dresden, the capital of Saxony. His father, a painter of the ware known as Dresden china, intended his son to follow his own occupation, but the boy displayed so ardent a love for letters that the head master of the college (Fürstenschull) of Meissen, afforded him gratuitously all the advantages of that institution, and he remained at it till he was twenty years of age. He then left Meissen with twenty crowns, his whole fortune, and went to Leipsic to prosecute his medical studies. Here he maintained himself by translating works out of Latin, French, and English, into German. By his industry and frugality he saved enough of money to enable him to visit Vienna, where, under the direction of Dr. Quarin, he pursued his studies, and after various vicissitudes of fortune he returned to Saxony, and settled in Dresden in 1784. Here he discovered a new salt of mercury, known by the name of *Mercurius Solubilis Hahnemanni*, and still extensively employed by physicians in Germany. He also published a monograph upon arsenical poisoning, which is distinguished by such accuracy of observation and clearness of diction as to be quoted with approval by Christison and other modern toxicologists. After spending four years in Dresden, where he had for a time the direction of a large hospital, he returned in the year 1789 to Leipsic. In the

† For a full report see *British Journal of Homœopathy*, vol. xxiv., 1866, page 17. The *ordinary treatment* showed 19.26 per cent mortality. The *Homœopathic treatment* showed 13.31 per cent mortality.

wing year, while translating Cullen's *Materia Medica* out of Eng-
h into German, his attention was arrested by the insufficient expla-
tions advanced in that work of the cure of ague by cinchona bark.
way of experiment, he took a large dose of that substance to
certain its action on the healthy body. In the course of a few
ys he experienced the symptoms of ague; and it thus occurred to
n that perhaps the reason why cinchona cures ague is because it
the power to produce symptoms in a healthy person similar to
se of ague. To ascertain the truth of this conjecture, he ran-
ked the records of medicine for well-attested cures effected by
gle remedies; and finding sufficient evidences of this fact, he
vanced a step further, and proposed, in an article published in
ufeland's Journal, in the year 1797, to apply this new principle
the discovery of proper medicines for every form of disease.
on afterward he published a case to illustrate his method. It
s one of a severe kind of colic cured by a strong dose of veratrum
um. Before this substance gave relief to the patient it excited a
ere aggravation of his symptoms. This induced Hahnemann,
tead of drops or grains, to give the fraction of a drop or grain,
d he thus introduced infinitesimal doses. Some years later
applied his new principle in the treatment of scarlet fever;
d finding that belladonna cured the peculiar type of that
ease, which then prevailed in Germany, he proposed to give this
dicine as a prophylactic, or preventive against scarlet fever; from
t time it has been extensively employed for this purpose. In the
r 1810 he published his great work, entitled Organon of Medicine,
ich has been translated into all the European languages, as well as
o Arabic. In this book he fully expounded his new system, which
called Homœopathy. His next publication was a Materia Medica,
sisting of a description of the effects of medicines upon persons in
lth. These works were published between the years 1810 and
1, at Leipsic, where he founded a school, and was surrounded by
ciples. As his system involved the administration of medicines,
h separately by itself, and in doses infinitely minute, there was
longer any need of the apothecaries intervention between the
ysician and the patient. In consequence of this the Apothecaries
mpany brought to bear upon Hahnemann an act forbidding
ysicians to dispense their own medicines, and with such effect that
was obliged to leave Leipsic. The Grand Duke of Anhalt Köthen,
ppointed him his physician, and invited him to live at Köthen.

Thither, accordingly, he removed in the year 1821, and there h prepared various new editions of his Organon, and new volumes his Materia Medica for publication. In 1835 he married a seco time; his wife was a French lady of considerable position; and the same year he left Köthen, and settled in Paris, where he enjoy a great reputation till his death, which took place in the year 1843.

On the centennary of his birth year, in 1855, a statue was erect to his honor at Leipsic, at the expense of his disciples in Germa France, England, and other countries, with the concurrence of t local authorities, who supplied the site in one of the public places their handsome town. Hahnemann is universally acknowledged have displayed great genius, industry and erudition. Jean Pa Richter calls him "a prodigy of philosophy and learning." He w a man of unblemished purity of morals, and his life, as well as h writings, was characterized by strong natural piety. He left numerous family of sons and daughters.

To complete this picture of Hahnemann, let us record the mann of his death, and thus add, as it were, the pinnacle to the temple his fame.

Jahr, writing from Paris, on the 4th of July, 1843, says: "Hah mann is dead! I saw him for the last time on the 10th of Ap My visits to him had been few, owing to my professional enga ments. About the 15th of April he was seized by an attack bronchitis. His wife admitted nobody. It was several ti announced that he was dead; happily that was a mistake. I h for some time intended to call upon him, when I received a n from Mme. Hahnemann requesting me to call that very day. I d so. But you may imagine the mournful spectacle. I found, inste of the dear old man, his wife stretched on his bed, bitterly weeping his side; himself, now cold, had departed four hours before, to th land where there is no struggle, disease, nor death. In fact, d friends, our venerable father had finished his career. A pulmona paralysis had set him free, after an illness of six weeks, eventual liberating the soul from its earthly tenement. To the last mome he was in the possession of his mental powers. Although his wor were inaudible, his broken expressions manifested the clearness a composure of his mind. In the commencement of that illness h announced that it would be his last, as his body was worn out. H was exceedingly rejoiced by the arrival of his widowed daughter, Mrs. Süss, receiving her in the warmest manner. At first he pre-

scribed for himself; and nearly to the period of his death delivered his opinion of the remedies offered him by his wife and Dr. Chartran. He only suffered during his last moments, when the asthma increased. When his wife, on account of a fit of suffocation, said to him, 'Providence ought to exempt you from these sufferings, as you have relieved so many, and endured such numerous persecutions;' he replied, '*Me, why me? Every one works according to the abilities and power which Providence has bestowed upon him. Superiority or inferiority exists only before the tribunal of man, not before that of Providence. Providence owes nothing to me, but I am indebted to Providence for all.*'

"We leave these memorable words for every one to deduce from them the natural conclusion, and especially for the illustration of the character of Hahnemann."*

Thus died Hahnemann, in the eighty-eighth year of his age, after a life of marvelous industry and perseverance. His great intellect continued undimmed by age. One who saw him at a festival, given in honor of his genius on the attainment of his eighty-third year, says he was then "a man apparently of sixty-three, rather than eighty-three years of age." Further on, the same writer says, "Hahnemann spent the evening of his life apart from political agitation, free from the weakness of age, bent upon the advancement of his system, aiding physicians as much as possible by advice and assistance, enjoying the society of a few intimate pupils, and corresponding with his daughters at Köthen. The decline of his life was a brilliant sunset. Who could endure to darken this bright picture by the thought of death?"

At this time, when most men would have found, in their years, an excuse for retirement, Hahnemann was full of activity and benevolence; not only did he continue the practice of his profession, from which he was then deriving the immense income of 200,000 francs a year, but his "vestibule and stairs were filled with poor people, whom he advised gratuitously."

Such was Hahnemann; his possession of vigorous intellect and great bodily powers to his eigthy-eighth year are an excellent practical commentary on his skill as a physician, and a kind of evidence in favor of the system of medicine he adopted. He is said to have entered on his Parisian medical career with the modest capital of 50,000 francs,

* A Biographical Monument to the Memory of Samuel Hahnemann, page 73. London: Leath and Ross.

having distributed the rest of his fortune among his famil
The grand old man, at eighty years of age, launched himself upon
new career in the capital of France. In three years, we find h
making an income of 200,000 francs (£8,000 sterling) a year from
professional exertions, and giving gratuitous advice to crowds of
poor. Year by year his wonderful successes brought him a ra
increase to even this large income. In his eighty-eighth year he di
and is stated to have left a fortune of 4,000,000 of francs (£160,0
see *British Journal of Homœopathy*, vol. xxiii., p. 664), the whole
which, with the exception of the small sum above named, was accu
lated by his incessant toil and labor during the last eight years of
life. I doubt whether the history of medicine can afford any para
to this wonderful industry and success at so advanced an age.

His death was worthy of his life, and his last wondrous eight ye
of lavishly remunerated toil, form a brilliant pendant to the strugg
of his early youth, when his "ardent love of letters" so won upon
schoolmaster that he retained him, a gratuitous pupil, until he
twenty years of age; a wonderful contrast these last years of splen
to the early "battle for bread" of the student who started on
career in search of knowledge with twenty crowns in his poc
who supported himself by translating standard works into Germ
until he had completed a thorough and first-class education
himself at the Universities of Leipsic and Vienna.

Few medical students can show so toilsome and laborious a cli
up their Parnassus. None in the history of medicine have recei
so worthy an oracle as the reward of their toil; none have been
means of conferring so priceless a boon on their fellow men;
have accumulated so large a fortune. And we doubt whether
physician ever ended his days in so glorious a sunset, or in a sun
hope for the future.

HOMŒOPATHY; ITS SAFETY, RAPIDITY AND PLEASANTNESS OF CU

Asclepiades, of Bithynia, practiced medicine in Rome during th
splendor of its early empire, in the first century of the Christian e
He attained great popularity and success as a physician, from th
simplicity of his remedies no less than from the rapidity of his cure
His maxim was that a physician ought to cure his patient "safely
quickly and pleasantly." We need none better.

In estimating the value of any system of medicine, we may accep
this maxim of Asclepiades as a test of its realty.

The system which most safely, most quickly and most pleasantly cures the patient has the strongest claim to the title of the art of healing.

In briefly reviewing the medical system, founded upon the doctrine and practice of Hahnemann, we shall follow the pointings of this maxim, and inquire into the safety of its remedies, the rapidity of its cure and the pleasantness of its administration.

Afterward, we propose to inquire into the prevalent ideas and practice of those physicians of the present day who are practicing homœopathy. And lastly, we shall proceed to a consideration of the relation in which homœopathy stands in the science of medicine generally.

In discussing the safety of homœopathic remedies, we must to some extent recapitulate, and briefly relate the first of that series of physiological experiments upon which Hahnemann based his system.

In the short sketch of Hahnemann's life, prefixed to this pamphlet, we have seen that he was a God-fearing, painstaking and conscientious physician of great talent and genius, who, by much study and long travel, had striven to perfect himself in the art of medicine.

Having employed, to the uttermost, the opportunities he had enjoyed of seeing disease under its varied types in many parts of Europe; having an intimate acquaintance with all, of worth, that had been written on medicine in his own country and time; having himself translated many standard works on medicine, from other languages, into German, Hahnemann found nothing but disappointment at the poverty of the means of cure which existed, and despair at the chaos of speculations and baseless theories which were presented in the materia medica of his age.

In the year 1790 Hahnemann (being then forty-five years of age) was engaged in translating Cullen's *Materia Medica.* He was struck with the unsatisfactory nature of the attempted explanation of the action of cinchona bark in the cure of ague.

That bark cures ague is an undoubted fact, but how does it cure the disease?

It occurred to Hahnemann that the absence of all scientific explanation of the action of this drug might be from the want of knowledge of the positive effects of the drug upon the healthy constitution. Hence he proposed to himself to discover the medicinal action of cinchona by a trial of its effects upon himself.

It is true that Haller, the learned professor of medicine in the

University of Göttingen, a man of extraordinary industry and research,* who died in 1777, had already proposed a method of experimentation for the attainment of such knowledge in respect to medical drugs, in the following words: "In the first place," said he, "the remedy is to be tried on the healthy body; without any foreign substance mixed with it; a small dose is to be taken; and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, the secretions. Having obtained their obvious phenomena in health, you many then pass on to experiment on the body in a state of disease."†

But hitherto this proposition of Haller's had remained a dead letter. So studious a physician as Hahnemann would be well acquainted with this and the other writings of the eminent Haller, then but recently deceased. He determined to experiment in the manner above indicated with bark; and while in perfect health he took several doses of powdered cinchona bark, in all amounting to half an ounce.

In a few days he experienced the symptoms of an ague.

He had interrogated nature rationally, and had received an immediate and decided answer. Bark, which cured ague when present, caused a train of symptoms similar to those of ague when the drug was administered to the healthy.

The observation of this singular property in bark suggested to Hahnemann's mind that every other drug might, perhaps, equally prove a specific for some disease, and that the key to discover the specific curative powers of a drug might lie in the knowledge of its poisonous properties. To ascertain the truth of this supposition he devoted himself to the careful investigation of the effects of medicinal drugs when administered to the healthy human body. During forty years he carried on a series of well planned and well executed experiments into the disease producing power of drugs when administered to persons in health. He found that in the symptoms produced by drugs there was a certain similarity to those induced by idiopathic disease. In the correlation thus established between the effects of diseases and the effects of drugs (bearing in recollection the correlation previously proved between bark and ague), Hahnemann believed that he had discovered the true law of specific drug healing, which he expressed by the formula "*similia similibus curantur*."

* Haller is said to have written eighty-six books on medical subjects, and to have contributed 12,000 articles to literary journals.

† See Dr. Sharp's Essay on the Physiological Action of Medicines. *Monthly Homœopathic Review*, vol. x., p. 584.

It is difficult to overrate the importance of this discovery of Hahnemann's in establishing the fact that medicinal drugs have not only a *curative power*, but also a *disease-producing-power*, when given in ordinary medicinal doses, or doses a little fuller than those commonly given.*

The bearing of this experiment on the question of safety in the administration of remedies is obvious. If drugs be capable of inducing artificial diseases, their administration must be so conducted as to avoid this danger; they must be given in the smallest dose in which they will cure. If ten grains of a drug be given where one grain will suffice for cure, then the other nine grains will be free to act injuriously upon the patient, and thus induce an artificial drug disease.

If fifty grains of bark would suffice to cure ague in a patient, then, if 500 grains have been given, it is clear that the 450 grains remaining in the system in excess of the curative dose may, and probably will, induce medicinal disease, and so prolong the patient's ill-health, or even preclude recovery.

Does the concurrent testimony of further facts and of more extended experiments prove this logical deduction from Hahnemann's great experiment? Yes. In Dr. Dyce Brown's appendix to Dr. Reith's recent pamphlet entitled "*Homœopathy, its Nature and Relative Value*," we find the following extract from a great medical authority, Trousseau and Pidoux, *Traite de Therapeutique*, &c., 7th edition, 1862.

"Each day's observation," says M. Bretonneau, "proves that cinchona, given in a large dose, determines in a great number of subjects a very *marked febrile* movement. The characters of this fever, and the time when it shows itself, vary in different individuals; oftenest, tinnitus aurium, deafness, and a species of intoxication precede the invasion of this fever; a slight *shivering* then occurs; a *dry heat*, accompanied by headache, succeeds to these first symptoms; they gradually abate, and end by sweat. *Far from yielding to new and higher doses of this medicine, the fever produced by cinchona is only exasperated.*"

Commenting on this testimony of M. Bretonneau, who was in his day one of the most eminent of French physicians, MM. Trousseau and Pidoux continue:

* It also contained, as a corollary, an entirely new theory of disease directly opposed to that held by the schools of his day. A full consideration of the facts which were developed during his experiments forced Hahnemann to the conclusion that disease did not consist of something material added to the body (as was the theory of his time), but that disease was the natural consequence of a loss of vital force, or a loss of balance of the vital forces within the body. Thus Hahnemann's system proposed a complete revolution in the science of medicine, both in therapeutics and pathology.

"But if strong doses are renewed each day, and continued during a long time, besides the stomach pains of which we have spoken there manifests itself a species of *fever* exactly indicated by M. Bretonneau, and *which affects an intermittent type*, when the cinchona is given in an intermittent manner. *This fever is a species of vicious circle, in which very often inexperienced physicians turn, who are ignorant of the action of cinchona; they redouble the doses of the medicine, and throw the patient into a state which may be very serious.*"*

I have quoted the above testimony in preference to that of avowed homœopaths, because it is from a source which cannot be cavilled at. The three observers who thus fully corroborate the truth of Hahnemann's great experiment are well known medical authorities, as highly estimated on our side of the channel as in France.

Hahnemann was not only the first to recognize this danger of giving medicinal drugs in large doses, but he proposed a method of dispensing and administering medicines by which their curative properties could be used with entire freedom from the smallest danger of the occurrence of such complications of disease and remedy as those above mentioned.

The means he proposed are as simple as they are practical. If the crude drug be dangerous, dilute it down with some non-medicinal substance to such a point as to make danger impossible, and give it in such doses as would be innocuous to a healthy man. By this system a point is easily reached at which the most deadly poisonous drug becomes perfectly freed from all disease producing properties, while its *healing power* remains untouched.

If a comparatively mild medicine, such as bark, is yet potent to produce a "vicious circle in which inexperienced physicians turn," until they "throw the patient into a state which may be very serious," what may not be the results from the continued large doses of the more violent drugs which abound in every ordinary prescription? What havoc may not result from a "vicious circle" of strychnine or of atropine; of morphine or colchicum; of opium or colocynth; of arsenic or prussic acid; or of any other of the numerous and powerful drugs of the *British Pharmacopœia* of 1867, when given in the doses ordinarily sanctioned? That which if true of bark and qui-

* The rapidity with which quinine and other drugs penetrate into every texture of the body has been proved by the experiments of Dr. Bence Jones, Dr. Dupre, and others, and will be found detailed in the chapter on "Modern Medicine," at the latter part of this pamphlet.

nine, is equally true of every other medicinal substance in the whole pharmacopœia. Each drug has its own specific disease producing power in the large dose, just as it has a disease-curing power in its minute dose. The safety of the homœopathic remedies consists, simply, in the minuteness of the dose. Hahnemann's system of dilution gives absolute safety to his system of medicine; and homœopathy, therefore, may claim, without challenge, to possess, eminently, the first essential point in the wise maxim of Asclepiades of Bithynia.

Homœopathy asserts that the proper dose of a medicine is that which is sufficiently powerful to heal the disease *without injury to the patient.*

We next come to the consideration of

THE RAPIDITY OF THE HOMŒOPATHIC CURE.

Since medicinal drugs have the power of inducing a medicinal disease on the healthy body, it is evident that if we give a larger quantity of drug than is required for the cure of the patient, we shall not only not cure him, but we shall prolong his state of unhealth in proportion to the excess of the dose. Admitting that large and frequently repeated doses of a medicinal drug have cured the disease, the patient still has more or less medicinal disease left in his system from the excess of medicinal power employed, and those physicians who are ignorant of this fact are misled by these medicinal symptoms into the belief that although the disease has been driven out of one part or organ, yet that it has fastened on another, and that further or increased medicinal dosing is required to cure these new symptoms; whereas all that is really required for his cure is to let the patient alone, or to give an antidote for the medicinal poison which is acting within him. MM. Trousseau and Pidoux pointed out that when the doses of bark or quinine, given for the cure of an ague, have been too large, or have been too frequently administered, the quinine or bark which has been given in excess of the demands of the disease induces an artificial ague which will never be cured by quinine, but on the contrary, will be perpetually increased by a continuation of the same drug. In like manner we find, in all other diseases, that any *excess* in the dose of a *right remedial-drug*, equally prolongs the patient's unhealth, and the physician, ignorant of this power of drugs to induce artificial disease, goes on in a "vicious circle," slowly poisoning his patient, until he throws him "into a state which may be very serious."

A system of medicine which is based on giving minute and often infinitesimal doses of drugs, avoids this danger. Its doses are so small as to be absolutely innocuous to the healthy body. Moreover, a system which gives drugs only in these non-pathogenetic, *i. e.*, non-poisonous doses, too small to produce artificial or drug-disease; which recognizes disease by its objective and subjective symptoms and signs, which prescribes medicines solely in accordance with the objective and subjective symptoms and signs, and which ceases to administer medicinal drugs so soon as the objective and subjective symptoms and signs are removed, cannot, by any possibility, induce medicinal or artificial disease. Hence the physician who uses such a system of medicine must always cure his patient and heal his disease in the shortest possible time, provided he gives the appropriate medicine.

Such a system is found in homœopathy when its remedies are used, as Hahnemann directed, in very minute or infinitesimal doses. If a medicine be administered which is truly homœopathic to the disease, in infinitesimal or very minute doses, and is continued only so long as the symptoms (objective and subjective) of the disease are present we shall find that this homœopathic practice necessarily cures rapidly as well as safely. The importance of this part of our subject in its bearing on the relative rapidity of homœopathic cures, induces us to enter still more fully into the alleged fact, that large doses of quinine often leave ague patients uncured; this has been observed by many physicians besides those before named. The late Dr. George Bird, in his work on *Urinary Deposits* (4th ed., p. 435), thus writes:

"In ague nothing is more easy, as every one is aware, than to check the paroxysms by means of anti-periodics, especially quinine, and in many cases the patient is really cured by the remedy. But any one who has had an opportunity of seeing much of the effects of marsh miasmata, is perfectly aware that if a patient has long been exposed to their influence, *although his paroxysms of ague may be for a time checked with quinine or arsenic, the unhealthy state of the blood is not removed.** *The sallow aspect, the depressed health, the visceral engorgement, all indicate that the poison still remains in the system, and is continuing its work*, although its influence has been blunted by our remedies. After a time, however, imperfect paroxysms, the 'dumb ague' as they are often graphically called by the patient, appear again, requiring the anti-periodic to check them

* The italics are my own.—W. B.

further development. This is a common history, and many patients are thus not absolutely freed from miasmatic poison for months or years."

This "dumb ague," which Dr. Golding Bird so clearly describes, with its "sallow aspect, depressed health and visceral engorgement, is now known to be no ague at all, but is, in reality, slow quinine or arsenical poisoning. The over dosing with quinine or arsenic (not the ague), is the "poison which remains in the system and is continuing its work." Hahnemann showed this fact more than fifty years before Dr. Golding Bird wrote. Dr. Bretonneau, as we see in the extract already quoted, knew and appreciated this poisonous property of large doses of quinine in more recent times. Drs. Trousseau and Pidoux, in our own day, fully admit its truth in their great work, as shown above.

Dr. Golding Bird's own experience also confirms the view that the so-called "dumb ague" is caused by over doses of quinine, for he proposed to cure it by eliminating doses of acetate of potash and small doses of mercury. The effect of this treatment would be to carry the quinine or arsenic out of the system, through the action of these two medicines on the kidneys and liver. On page 418 (op. cit.), Dr. Golding Bird says:

"We have, however, some evidence that certain organic matters easily decomposed are really occasionally excreted from the kidneys unchanged; thus quinine, daturine, and some other of the vegetable alkaloids are thus carried off in the urine."

Bearing this fact in mind (the excretion of quinine from the kidneys unchanged), let us read what the same author says on p. 436 (op. cit.) on the effects of acetate of potash (a powerful diuretic) on patients suffering from what he calls "dumb ague," but which we now know to be "quinine fever."

"I do not claim for the acetate of potassa the virtues of an antiperiodic, but I do unhesitatingly declare that it will effect that which quinine and its allies cannot do."

"When to a person suffering from the effects of marsh malaria, this drug has been administered to the extent of two drachms in the course of twenty four hours largely diluted, and continued for two or three weeks, not only is no injury effected by the remedy, but the most marked benefits are observed to result. The patient's skin becomes less dusky, the expression more healthy, the dull aspect of the eyes is changed for cheerfulness, the engorgement of the liver and

spleen lessens, and the paroxysms of 'dumb ague' disappear, or merely require a few doses of arsenic for their complete cure, and thus to effect the complete restoration of the patient. Even in recent tertian ague, in which the paroxysms are well marked and even violent, I have hardly ever administered the acetate of potassa without observing a diminution in the intensity of the attacks, and a considerable prolongation in the intermissions. *Indeed, when quinine has been administered for the purpose of at once checking the ague fit, the subsequent administration of the acetate will not only prevent a relapse but greatly improve the patients general health.*"

Let us carefully examine this train of facts.

In those cases of ague, in which large doses of quinine have been given, the sequence of symptoms, denominated "dumb ague," disappear in two or three weeks, if the action of the kidneys is increased during that time by the administration of a diuretic. Next we learn that quinine is one of those medicines which can be carried out of the body through the kidneys, being thus excreted in an unchanged state.

Further, it is stated that "even in recent tertian ague," "when quinine has been administered," the free action of the kidneys "will not only prevent a relapse, but greatly improve the patient's general health." Looking at these facts through the light of our knowledge of the physiological action of quinine, we easily explain the whole train of their operation thus:

An unnecessarily large dose of quinine has been given to the patient. The ague is cured. In its place the patient suffers from the peculiar fever induced by the over-dose of quinine. The acetate of potassa, by increasing the action of the kidneys, casts the excess of quinine out of the system, and then the patient is well. The original disease was cured by the quinine. The quinine fever ceases, when the patient is freed from the quinine.

But, as a further proof of this view, some cases, we are told, "require a few doses of arsenic for their complete cure." That is to say, the kidneys are still unable to eliminate the whole of the quinine, and in these cases arsenic, which is an antidote to slow quinine poisoning, completes the cure.*

I have dwelt thus long on the question of the cure of ague and quinine poisoning, because its whole facts are vouched for by men of eminence in the profession, whose authority is acknowledged.

* Where "dumb ague" results from overdosing with arsenic, quinine is the antidote.

Drs. Golding Bird, Bretonneau, Trousseau, and Pidoux, are all recognized medical authorities, and their testimony is, therefore, free from all suspicion of bias.

Dr. Golding Bird adds:

"I believe the most successful practice, especially in the treatment of cases of ague *which have resisted long courses of anti-periodics*, consists in the administration of *minute doses* of a mild mercurial contemporaneously with the acetate of potassa."

Read by the light of our present knowledge we should transpose the above passage thus, that the most successful practice in the treatment of cases originally of ague, where the patient has been slowly saturated with quinine, consists in stimulating the liver by minute doses of mild mercurials, and the kidneys by mild diuretics, to enable them to eliminate and cast out the drug which has caused and is sustaining an artificial disease in the system.

If the cure of an ague, for which quinine in large doses is given, be expedited by the quick elimination of the quinine, unchanged, from the system, it is obvious that the cure would have been more rapid if far smaller doses of quinine had been given in the first instance; by this course the time afterward consumed in eliminating the quinine would have been saved.

If a chemist desire to change a given quantity of a solution of carbonate of soda into the neutral salt of citrate of soda, he would use just such a proportion of citric acid as would suffice to neutralize the alkali. In this way he would attain his result in the shortest possible time. If he were to add twice as much citric acid as was required, it is evident that he would delay the desired result, because he then must add more of the carbonate of soda in order to neutralize the excess of citric acid.

Rapidity in the chemical result would depend on the nicety of the proportion of citric acid used in the first place.

So also in the cure of a case of ague, the rapidity in the curative result would be contingent on the exact relation of the quantity of quinine (or other specific) given, to that of the amount of disease to be combatted.

The rapid cure of a disease must depend, among other things, first, in the exactness in the correlation of the remedy to the symptoms of the disease; and secondly, on the exact balance of the medicinal force employed, to that of the disease force or want of force to be opposed or to be compensated for.

Bearing upon the second of these two indications, we would draw attention to Sir Thomas Watson's testimony as to the imponderable and impalpable nature of the poison which causes ague. He shows that the water of malarious districts has been "analyzed again and again with a view to the discovery of this pestilential agent, but in vain;" that the air has been examined "carefully and repeatedly by expert chemists, and with the same want of success. The poisonous principle eludes the test of the most delicate chemical agents." (See *Lectures on the Practice of Physic*, 2d ed., vol. i, p. 712.)

Hence we argue: If an impalpable and imponderable agent, so infinitesimal in its materiality to be discovered by the most powerful microscope, or the most delicate chemical agents, is yet powerful enough to prostrate the strongest man with ague, there is, at least, a probability that a medicinal agent, equally impalpable, equally imponderable, equally undiscoverable by chemist or microscopist, not only may be capable of curing the ague that caused, but *will be* the appropriate means for its most rapid cure. We might as well wield a sledge hammer to kill a fly on a pane of glass as use large material doses of a medicinal drug to cure a disease caused by infinitesimal agency.

During my residence in Cambridge I had many opportunities of applying the above principles in the cure of ague. Experience fully bore out their value. I tabulated seventy-five cases, and published them, with remarks, in the first volume of the *Homœopathic Annals and Transactions*, page 441. These cases were treated by me in the early years of my study of homœopathy, but they sufficiently show the power of infinitesimal doses for the cure of this complaint. Many of them were treated at the dispensary, and the remainder in my private practice. The result of all is not known, as many dispensary patients, from a distance, do not return to report themselves when they are cured. The general result showed that fifty-eight were known to be cured; two cases left the dispensary, and afterward died under other treatment. (In both cases there were serious complications and extensive organic disease; one had been for two years under ordinary care, and had bronchitis, enlarged spleen, and dropsy, when I first saw him; the other had chronic dysentery and nephritis, and had, for many years, been under a course of ordinary treatment.) Of the cases cured I would note the following: (36.) A patient, æt. fifty-seven, quotidian ague, was cured in a week, by china, third dilution. (47.) A female, æt. thirty-two, tertian ague,

was cured in a week by half drop doses of china, third decimal dilution, given every four hours. (48.) Female, æt. forty-seven, quotidian ague, severe, was cured in two days by china, third dilution, half a drop every four hours. (52.) A male, æt. forty-five, slight tertian, cured by china, third decimal dilution, in four days. (69.) A male, æt. fifty-three, quotidian, subacute, cured in a week by china, first decimal, three drops twice a day.

More recently a patient consulted me about an ague, in which the ague fit came on at night; the different stages were not well marked; fever, chills and perspirations were mingled, but there was constant heat and dryness in the throat. He had been a long time under ordinary treatment, during which quinine had been taken, and some other anti-periodics, without any relief. I gave him a few doses of arsenicum, third dilution. At his next visit he reported himself cured. His own expression was, that an hour after the first dose he began to feel better.

To a man who has not studied the subject of infinitesimals; to one who has not a practical acquaintance with the facts that are involved in a consideration of the natural history of diseases; to one who does not recognize the application of dynamics to medicine, it seems incredible that doses of the size of one-millionth part of a grain of arsenicum should suffice to cure a disease which had refused to yield to large doses of quinine. But however incredible a fact may appear, we must accept it unless we can disprove it. This was no solitary case. Many similar cases have been treated by me with a like success, where the other circumstances of the case were equal.

It is not sufficient to combat facts with theories founded on the observation of a wholly different series of facts, yet this has been the very illogical method of many physicians when dealing with the subject of homœopathy. It is unscientific to reject observed facts simply because we are unable to account for all their aspects by theories. We ought to accept such facts as stand the test of repeated experimental observation, and to seek diligently for new theories to fit them, if our old theories do not meet them.

THE PLEASANTNESS OF HOMŒOPATHIC REMEDIES.

The third point in the maxim of Asclepiades, of Bithynia, is that the physician ought to cure his patient pleasantly.

"A pleasant cure" may be viewed in two aspects: 1st. As to the taste of the medicines employed; 2d. As to their effects.

With respect to the first aspect: By Hahnemann's system of dilution the drugs become either tasteless, or at least the taste is so far removed from them that they are no longer nauseous or disgusting. This is so obvious and so well known that we need not pursue the subject. In their second aspect also, viz.: In the effects of the homœopathic drugs on the patient, their action is unaccompanied by any new disturbance of function, or by the imposition of any new symptom. Hence, the only effect induced by the homœopathically chosen remedy, if it be applied according to the rules of the homœopathic art, will be the gradual subsidence and extinction of the symptoms of the disease. In fact the only consciousness that the patient has taken homœopathic medicine for a disease should be the removal of the pains, the sensation, and the malaise which constitute the disease.

It is impossible for a physician to cure more pleasantly than in this innocuous manner.

Is Homœopathy the whole Art of Healing?

Will homœopathy cure all disease? Is it the sole system of cure? Does the administration of medicines in accordance with the homœopathic law include the whole art of healing?

To these questions, both Hahnemann's writings, and the theory and practice of those physicians of the present day who practise homœopathy, answer no.

Homœopathy is the safest, quickest, pleasantest, and most permanent mode of specific drug-healing, but it does not profess to be the one and sole thing needed to heal all diseases.

In a foot note to proposition vii., in the *Organon*,* Hahnemann says:—

"It is not necessary to say that every intelligent physician would at once remove this (the manifest, exciting, or maintaining cause of disease) where it exists; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong smelling flowers, which have a tendency to cause syncope and hysterical suffer-ings; extract from the cornea the foreign body that excites inflammation of the eye; loosen the over-tight bandage on a wounded limb and apply a more suitable one; lay bare and put a ligature on the wounded artery that produces fainting; endeavour to promote the expulsion, by vomiting, of belladonna berries and the like that may

* Dudgeon's Translation from the Fifth German Edition, p. 112.

have been swallowed; extract foreign substances that may have got into the orifices of the body (the nose, the gullet, ears, urethra, rectum, vagina) and crush the vesical calculus.

In the same way poisons are to be met by the administration of their appropriate antidote in such doses as may be needed to antidote them; or they may be voided by emetics or the stomach pump. Obstructions from fœcal matter in the bowels, if refusing to yield to the appropriate specific medicine, and if causing inconvenience or disease, must be removed by enema or some mild purgative; the skin must be kept clean in skin diseases; fomentations and bathings may be used to subdue congestive, inflammatory, or spasmodic conditions.

Impurities in the air breathed by the patient or in the water drunk must be removed. Diet of an appropriate character must be prescribed according to the nature of the wants of the case.

Mental and spiritual influences of a healthy tone and character may perhaps be demanded. This, too, was recognised by Hahnemann. At page 119 of the *Organon* (5th Edition) he gives the following illustration in a foot note:—

"A warning dream, a superstitious fancy, or a solemn prediction that death would occur at a certain day, or at a certain hour, has not unfrequently produced all the signs of commencing and increasing disease, of approaching death, and of death itself, at the hour announced, which could not happen without the simultaneous production of the inward change (corresponding to the state observed externally)."

He points out that in these cases we must administer strong moral support, and combat the morbid belief by "pursuasion to a belief in the contrary," and thus cure the patient by a moral agent.

I instance these as a few of the many means by which the art of medicine teaches us to heal our patients, in addition to drug giving. These means are common to all systems of medicine, and are well recognised and successfully applied by all intelligent and thoughtful physicians. It is the part of their art to surround their patients with pure and health-bearing influences, mentally and physically, so that spirit, soul, and body may all act harmoniously together in the direction of a return to that balance of mental and bodily functions which we call health.

Pure air, pure water, wholesome and appropriate food, are essential to pure blood. Pure blood is essential to the healthy nutrition of the

whole frame, bone, muscle and nerve. It is doubly essential to insure the purity of these external materials to the invalid, in order to obtain a perfect restoration to health.

In addition to these essentials, physicians practicing homœopathy hold that pure medicines must be given, if any medicines are required. It is of little use to purify the air, to purify the water, and to order the most wholesome and cleanly diet, if we foul the blood with unclean drugs. From this hygienic, dietetic point of view, if from none other, we should be driven to give medicinal drugs in a cleanly, pure, and minute preparation.

No medicines can be more pure than those administered in homœopathic practice. For the most part they have neither color, nor smell, nor taste; it is impossible to foul the blood with them, or to clog the wheels of life with them. Hence "*cæteris paribus*" there must be a great advantage in their use, since they act in the same direction as the hygienic and dietetic means universally admitted by all physicians to be essentials in the armamenta of the art of healing.

THE MODERN PRACTICE OF HOMŒOPATHY.

Homœopathy, as elaborated by Hahnemann, consisted of two parts, the practical and the theoretical.

Hahnemann's facts remain the basis of homœopathic practice, and will always so remain. His theories have provoked much discussion. He saw reason himself to modify them to some extent in his later years. The state of knowledge of the collateral sciences was not sufficiently advanced in Hahnemann's day to allow a truly scientific explanation of the facts revealed by his experimental observations. Even at the present time, any theoretical explanation of the action of homœopathic remedies, which our advanced state of scientific knowledge may prompt us to hazard, must be put forward tentatively, cautiously, and with great diffidence.

Bacon says, in his *Essay on Innovations:* "As the births of living creatures at first are ill-shapen, so are all innovations which are the births of time."

Homœopathy is a grand innovation on the art of medicine. At its birth it appeared to its contemporaries to be "ill-shapen." By the careful and painstaking criticisms of those physicians who have studied it honestly and practically; by the strong opposition and objections of those physicians who are prejudiced against, and have

only studied it cursorily and theoretically, this new "birth of time" is being moulded and modelled into the perfection of beauty and usefulness.

The practical part of. Hahnemann's medical "innovation" consists of:

1. A reform of the materia medica on a physiological basis.

2. A deduction from experimental observations that the rule of drug administration is contained in the formula "*similia similibus curantur.*"*

3. That medicines given in accordance with the above rule must be given in minute doses.

4. That all diseases, which cannot be traced to a "manifest exciting or maintaining cause," is due to a depression, loss of power, or loss of balance, of "vital force." That disease is, in fact, dynamic and immaterial.

I shall pass over Hahnemann's subsequent "Psora" theory, and also the theories by which he sought to explain the action of homœopathic medicines. A consideration of these theories is foreign to my present purpose, and would demand more space than I have at my disposal. I shall, therefore, content myself by stating that by far the greater part of physicians who are practicing homœopathy adhere to the above four propositions. By the subjoined slight modification of the second and third propositions, I believe we should embrace the whole.

To the second we should add:

That "our knowledge of the curative power of medicines is founded upon the property which they possess of causing, in the healthy body, symptoms similar to those of the disease to which they are correlated;" and that "the cure of a disease is best effected by the administration of that drug which produces, in the healthy body, those objective and subjective symptoms which most nearly correspond to the symptoms of the disease itself, including both the sufferings of the patient and the pathological changes present."

To the third proposition we should add:

That "the remedy chosen in accordance with the formula, '*similia similibus curantur*,' should be administered in a dose which, while large enough to control or extinguish the symptoms of the disease,

* Dr. Sharp has ably contended, in his well-known *Essays on Homœopathy*, for the limitation of the formula, S. S. C. to drug action.

should not be so large as to disturb the patient, or to induce any pathogenetic (*i. e.*, disease-producing) symptoms."

So far as I know, the practice of all physicians practicing homœopathy is based upon the above four propositions, and the appended explanation. Some physicians give dilutions even more infinitesimal than those employed by Hahnemann. Others give minute doses of the crude drug, or strong tinctures; but all admit that therapeutics must have a physiological basis; that the rule for the selection of a remedy is the formula of similars; that the doses of specific remedies must be minute, and that disease is a failure of vital force.

There are about 270 physicians and surgeons in Great Britain holding these views.

MODERN MEDICINE AND ITS APPROACHES TOWARD HOMŒOPATHY.

Modern medical science is tending in the direction of two out of the four propositions laid down in the preceding chapter as embodying the principles of homœopathy.

A growing conviction is coming over the whole medical profession that disease is atonic or adynamic. What is this but an admission of Hahnemann's theory that disease is, for the most part, a derangement, depression, or loss of vital force.

In an introductory clinical lecture, printed in the *Medical Times and Gazette*, November 2d, 1861, Dr. T. K. Chambers says:

"Disease is, in all cases, not a positive existence, but a negative, not a new excess of action, but a deficiency; not a manifestation of life, but a partial death; and therefore the business of the physician is, directly and indirectly not to take any material, but to add; not to diminish function, but to give it play; not to weaken life, but to renew it."

Dr. Bence Jones advocates a somewhat similar view in his Croonian Lectures on *Matter and Force* delivered before the London College of Physicians, in 1868. He assumes vital force to be chemical force, to which he traces all the operations of life. The treatment of disease, according to his view, consists in regulating the processes of oxydation and of nutrition. His theory is that matter and force are indivisible, that a perfect union exists which binds them indissolubly, but that during molecular changes the force becomes active from the new chemical combinations it assumes. This represents organic life in his scheme.

This idea differs from Hahnemann's "vital force" theory, but its tendency, together with that of all the other progressions of medical science, is decidedly in the direction of the homœopathic theory, that disease is imponderable, and a derangement of "dynamics," *i. e.*, that it consists in a loss of balance of vital force, and is to be restored by the restoration of balance. Another equally decided and important change in the direction of medical thought toward homœopathy is the adoption of Hahnemann's dictum, that the "totality of the symptoms," subjective and objective, constitute the disease. In Dr. Russell Reynold's system of medicine this proposition is adopted bodily. Many paragraphs in his introduction read as if they were simply a commentary on the "*Organon;*" for example, on p. 3 we read:

"It is difficult to arrive at any other definition of 'disease,' than that it is the sum total of morbid changes in both function and structure;" and again (p. 11): "We cannot know of the existence during life of any disease except by its symptoms; we cannot conceive of disease apart from some recognizable changes in either function or structure; and these changes constitute the disease; nor can we, on the other hand, imagine the existence of what we call 'symptoms,' apart from the correlative idea of what we conceive to be 'disease.'"

The practical bearing of the first of these two extensions of the homœopathic idea has become very marked. Where in Hahnemann's time the ordinary practice was to bleed, leach, or blister; in our own time physicians treat the same diseases by food and stimulants. For this great revolution in medical practice; for the salvation of human life and the mitigation of human suffering it includes, the profession and the public are indebted to Hahnemann and homœopathy.

There is some present danger lest by the injudicious overdosing by stumulants, inexperienced and incautious physicians may induce alcoholism, and all its train of attendant evils, in place of the natural disease; but experience will soon correct this error. In every sense the present practice of ordinary medicine is infinitely in advance of the old.

My own experience includes both, and I can, therefore, speak of what my own eye has seen and my own hands have handled. I recall the days when I treated inflammation of the lungs in the fashion of the day, by bleedings, by blisterings, and large repeated doses of calomel and opium. I can contrast this treatment, and all its attendant miseries, with the more gentle and beneficent treatment

of the present, and I feel the deepest gratitude that so great an beneficent a reform has been effected in medical science.

The next great approach to the scientific teachings of homœopath is the general admission, on the part of the leading physicians of t age, that the *materia medica* must be remodelled on a physiologic basis.

It is proposed to found the new science of therapeutics on the san basis upon which homœopathy stands; *i. e.*, on the knowledge of t pure effects of medicinal drugs ascertained by experimental obser tions of their action when administered to the healthy body.

To those physicians who have already studied this subject prac cally, it seems impossible that a full acquaintance with the physiol gical properties of drugs on the one hand, and a clear knowledge the natural history of disease on the other, can lead to any oth termination than the adoption of homœopathy. When these tw developments of medical science have been carefully followed out b experimental observations, the scientific labors of Hahnemann an his followers cannot fail to be appreciated and acknowledged by t whole profession.

So far as these experiments have been carried hitherto by men the ordinary schools, they have corroborated Hahnemann's statemen in a remarkable manner.

For example, one of the many stumbling blocks to the reception Hahnemann's *Materia Medica* is found in the apparent improb bility that the *duration of action* of each drug shall be counted b days or weeks. When a physician gives a dose of mercury, or sulphur, he is inclined to assume that its action ceases within a fe hours, or a day or so, at the most. Hahnemann, on the other han speaks of the effects of mercury, in large doses, acting for week months, years, or even for life; of calcarea carb. upward of fift days; of arsenic thirty-six to forty days, and so on, meaning that will be weeks, months, or years, before *mercury* will be eliminate from the system, and in some cases it will never be got rid of, whe it has been given in large or frequently repeated doses; that it wi be "fifty days or upward" before *calcarea* will be fully cast out the system, when large doses have been taken, and that large dose of arsenic will remain in the living body from thirty-six to fort days before it is fully eliminated.

These statements seemed incredible to those who had not studie the subject. If they were true, to what an unnecessary prolongation

of unhealth must all patients be subjected who are treated by ordinarily large doses of medicinal drugs. This "duration of action" of drugs was accepted by ordinary practitioners as a heavy indictment against the large dose system. Hence it has been treated by them as if it were a slander.

Yet modern medical science confirms these statements. In the *Crobnian Lectures* alluded to above, Dr. Bence Jones details some experiments which give a strong probability (to say the least) in favor of Hahnemann's exactness and accuracy. Corroborating both his observations that all medicinal drugs induce morbid symptoms in all the structures and organs of the body; and also that each drug acts for a long time after its administration. On p. 86 (op. cit.) the author says:

"For want of more definite knowledge we are almost tempted to assume that medicines have an elective affinity which determines the place where they will act.

"If, however, it can be shown that most medicines pass into every texture of the body, and carry with the matter whatever force they possess, then it follows that our present ideas of the local action of medicines are far too restricted.

"The experiments which I have published in the *Proceedings of the Royal Society*, June 15th, 1865, on the rate of the passage of lithium into and out of the vascular and non-vascular textures, shows the rate at which chloride of lithium passes into the textures through the stomach of the Guinea pig."

In the table which follows these paragraphs it is shown that three days after the administration of one and a half grains of chloride of lithium, plenty of it was found everywhere in the body. In another experiment, three grains were given, and in fifteen minutes it was found in every tissue except the lens. In a third, three grains were given, and in two hours and a half it was found in every tissue of the body including the lens. In another experiment, three grains were given, and thirty-three days after traces of it were still found in the lens; while for thirty more days it was found in the secretions. Hence the action of this one dose was proved by the test of spectrum analysis to have continued to act for sixty-three days. On page 89 the same author says:

"Sulphate of thallium was also shown, by spectrum analysis, to pass into all the vascular and non-vascular textures, and even sulphate of silver was traced in almost every texture.

"In the *Proceedings of the Royal Society*, April 12, 1866, Dr. Dupré and I further showed that four grains of sulphate of quinine passed in fifteen minutes into every texture of the Guinea pig, and was detectable for forty-eight hours.

"If we had sufficiently delicate modes of detecting other substances, it can hardly be doubted that they would follow the same law, and be found to pass rapidly into every texture."

These and other similar experiments cannot fail to lead to great results. They demonstrate beyond possibility of disproof the extreme rapidity of drug action, even on distant tissues. They prove the permeability of every tissue in the body, and the penetrating power of medicinal drugs. They prove also the long "duration of action" of medicinal drugs.

And all these proofs confirm the truth of Hahnemann's experiments and the reasonability and probability of the homœopathic theories and practice.

When men like Dr. Acland, Regius, Professor of Medicine in the University of Oxford; Sir Thomas Watson, late President of the College of Physicians; Dr. Bence Jones, Dr. Harley, and other prominent physicians adopt the first principles of homœopathy in experimenting into the pure effects of medicinal drugs on the healthy body, we may fairly assume that modern medicine is taking a decided movement in the direction of homœopathy. Having proved and admitted certain of the principles upon which the homœopathic practice is founded, there is little doubt but that the time is fast approaching when a more extended inquiry into the results of its practice must and will be conceded it.

I trust the above few pages may do some part toward the spread of a knowledge of what has been proved practically to be a great medical truth; and I am willing, at all times, publicly or privately, to demonstrate to any professional inquirer the truth of the propositions I have upheld in them. Although I have deduced arguments from observed facts, yet I would say with the philosopher of Geneva, "I know that truth resides in the facts, not in my mind which observes them; and that I shall be the nearest the truth the less I indulge in theories of my own." In medicine, as in all His kingdom, may God speed the right.

Conclusion.

Medicine is emphatically a science of experience, and should be judged by experimental observation. The true physician is he who owns no sect, but is ever open to "prove all things, and hold fast that which is good." There ought to be no sect, neither allopath, nor homœopath, in medicine, but simply physicians, "whose high and only mission is to restore the sick to health, to cure, as it is termed.*

It is the fashion of some of its medical opponents to style homœopathy a medical heresy. To speak of orthodoxy or heresy in medicine is an absurdity. We might as well speak of orthodox mechanics, or orthodox chemistry, or orthodox astronomy, as of orthodox medicine. Where, from the very nature of things, there is not, nor can be a creed, there can be neither orthodoxy nor heresy.

Medical systems must be tried by the test of experience and the light of the collateral sciences, and until these sciences are fully known, and the whole scheme of creation is fully comprehended by us, medicine must remain an inexact science, without creed or high priest.

Whether man, the finite, will ever arrive at a perfect knowledge of the works of God the infinite, is beyond our province here even to speculate. We know that at present all our knowledge is but little, and consists of oft broken threads.

It little becomes physicians to arrogate to themselves the possession of a knowledge and power which they do not possess, for, of all the sciences, medicine is perhaps the least certainly known; and the arcana of life and death are as yet a great mystery.

It is, therefore, befitting that we should comport ourselves (as we truly are) as students in the great university of nature, humbly advancing along our common road of knowledge, and adopting the advice given by John Hunter to Jenner, "Don't think, but try; be patient, be accurate."

I may be expected to say a few words on the present position of homœopathy among physicians in England. The following is a short summary of its status. There are about 270 legally qualified and registered medical practitioners in Great Britain and Ireland, who have carefully investigated the science of homœopathy, and who have, in consequence, adopted it openly into their practice. There is also a considerable number of men, of less moral courage, who are secretly practising the system, but who hesitate to avow their faith in it while it is only supported by a minority.

* Hahnemann's *Organon*.

These medical practitioners and their lay supporters promulgate their principles through two quarterly and three monthly journals. *The British Journal of Homœopathy* (the oldest medical quarterly in England), *The Annals of the British Homœopathic Society*, *The Monthly Homœopathic Review*, *Notes of a Truth*, and *The Homœopathic World.*

There are six societies for scientific discussion, among them, the British Homœopathic Society, the Northern Homœopathic Medical Association, the Midland Homœopathic Medical Society, the Liverpool Homœopathic Medico-Chirurgical Society, the Cheltenham Hahnemann Medical Club, and the Northumberland and Durham Homœopathic Medical Association.

They have four hospitals: The London Homœopathic Hospital, a small hospital in Bath, one in Birmingham, and an other at Doncaster.

They also carry on seventy dispensaries for the treatment of the poor; a very large amount of public and gratuitous work, when we consider that it has to be carried on by 270 practitioners. It offers a strong testimony in favor of their activity and benevolence.

It is beyond my intention to review the position of this science on the continent and in other parts of the world. I would merely add that everywhere it is advancing, both within and without the profession. The most recent and important medical news from Paris tell us that "the Minister of Public Instruction in the Imperial cabinet, has directed a course of lectures on Homœopathic Medicine to be delivered at the Sorbonne. M. Lèon Simon has been appointed to the lectureship."*

We hope that the medical profession in England will not long remain without a similar opportunity for the attainment of public instruction in this comparatively new branch of medical science.

* Monthly Homœopathic Review, February, 1869.

ARTICLE XXI.

Letters Received from Honorary Members.

From William Bayes, M. D., London, England.

"Dear Sir.—I have to thank you sincerely for the circular of the New York State Homœopathic Medical Society, by which I am delighted to see that your grand principles of equal rights are carried into medical matters as well as into your politics. From this side of the Atlantic, we physicians of the progressive school watch with the greatest interest your developments. We have a hard fight of it, especially in the provinces; and although our medical liberty is assured us by legislative enactment, yet we have no place in the medical societies, hospitals, etc., and, except in our large towns, have no means of professional intercommunion.

"Your numbers tend very materially to assist your progress, and I hope in time you will be able to assert your place in catholic medicine, and the right of all physicians to practice according to their convictions, within the pale of the general profession.

"Our progress is, I believe, intimately connected with the development of true ideas of physiology and pathology, and I should be glad to see among our numbers experimental physiologists and pathologists in greater numbers, as well as therapeutists.

"There is a paper in the *British Quarterly Review* on the "Aims of Modern Medicine," from the pen of a leading allopathic physician, I believe, Dr. Chambers, physician to the Prince of Wales, which I would commend to the serious perusal of physicians of all schools.

"I heard from Dr. Pope, some six weeks ago, that your society had done me the honor to elect me an honorary member. I waited to express my high sense of the distinction until I should hear from you officially, but possibly this is not your custom, and I leave my expression of gratification no longer.

"I have long wished to visit your great country, and see for myself your progress in homœopathy, and I fully intend, as soon as I can find a suitable opportunity, to do so. I want also to discuss, among a sufficient number of our physicians, some propositions for a more definite creed or belief than that which we now hold; some more definite explanation or theory of the rule *similia similibus*

curantur, which modern scientific investigation shows us is not a law, but the mere expression of certain apparent actions of certa doses of drugs.

"I am maturing a paper on this point which, when complete hope to publish, and afterward should wish to bring my views f ward for active discussion.

"I have been out of health and have been obliged to leave Ba where I had settled, and am at present residing in London. T ill-health has hitherto prevented my devoting my time to the ab subject; but I am most thankful now to be able to work again in t Lord's vineyard."

FROM C. T. HARRIS, M. D., ANN ARBOR, MICH.

"DEAR DOCTOR.—Yours, with circular, etc., of the 5th inst., j received. I thank you for them. I did not know, until qu recently, that I had been elected an honorary member of your St medical society. I wrote to several friends for the purpose securing a copy of the proceedings of your society, and at last obtained one from a student, who called at my office.

"Last September, while in Albany, I procured of Dr. H. Paine, a volume of Transactions required to complete the set for library, and I have just received volume six, for which I retura sincere thanks.

"It is now, without doubt, too late to furnish an article for y next volume, as it is nearly time for it to go to press. I now kn what your wishes are. Pardon me for the present apparent neglec and I will endeavor to be better prepared the next time.

"We have been fighting allopathic intolerance in the Michig University. The law requiring a professorship in said universit stands upon the statute books, but is rendered inoperative by t refusal of the regents to obey it, and by the Supreme Court disagre ing to issue a mandamus to compel them to do so. Thus it w probably remain for two years more, as we only have legislati sessions once in two years, and we can do nothing more until t next term. Then, if the homœopathic profession will agree on so practicable measure, we can carry out our plans.

"Prof. Palmer continues to scold at homœopathy. I will se you a copy of my '*Review*' of his Four Lectures against Homœo pathy."

From Ira Barrows, M. D., Providence, R. I.

"Dear Doctor.—I herewith acknowledge the receipt of the very interesting copy of *Transactions of the Homœopathic Medical Society of the State of New York*, volume six, for which please accept my thanks.

"You letter implies that I am elected an honorary member, the accompanying circular saying: 'You are without doubt aware, etc.,' having no name inserted, leaves me in doubt.

"I have penned a short article on diphtheria from my notes. I was about to send it to Dr. Talbot for publication in the *Gazette*. You may think it not worth while to publish it in your volume of Transactions; if not you can return it.

"This volume seems to be made up of reports, transactions, etc., of societies, and perhaps not so suitable for the publishing of independent articles."

From Charles Cropper, M. D., Lebanon, Warren, Co., Ohio.

"Dear Sir.—I am in receipt of your favor of the 3d instant. The compliment of an election as honorary member of your society is, I assure you, duly appreciated, and I shall endeavor to meet your wishes and expectations, by contributing as I may have opportunity, papers for publication in the Transactions of your society.

"I have a complete set of the *Transactions* as far as published, and place a high value upon the volumes. I hope, ere long, to be present at one of the meetings of your society."

From Robert J. McClatchey, M. D., Philadelphia, Pa.

"My Dear Doctor.—In reply to your favor of June 20, I would state that the Pennsylvania State Medical Society has no fixed place of meeting. Our next meeting will be held on the second Tuesday in September, 1870, in the city of Erie. We adjourned to meet at that time, so as to make our meetings come in the fall, instead of the spring, as heretofore. We have no such organization as your admirable State society, nor have we much hope of getting such liberal grants from the Legislature as you have from yours, although we mean to try to secure both.

"We have to pay for the printing of our Transactions, out of our funds, which makes it rather difficult for us. Have you copies of

our published proceedings? If not, please inform me, and I shall glad to mail you a set. If you will furnish me with copies of a laws relating to your society, I shall feel obliged. Our allopath brethren in this State are not organized any more thoroughly th we are, and for that reason we find it difficult to progress in the rig direction."

FROM D. S. SMITH, M. D., CHICAGO, ILL.

"DEAR DOCTOR.—Your favor of the 7th inst. received, and I reg I cannot comply with your reasonable request. About the time was made a member of your society, my health was such that I w obliged to spend a year in Europe, and since my return, have n been able to devote much time to my profession, as I could n endure any mental labor, and I can scarcely keep up my correspo dence. I am tolerably well while traveling about the city a country.

"I had hoped to have attended one or more of your annual me ings, but have hitherto failed in my good intentions.

"In the early days of homœopathy, I was active in advancing i glorious principles in the northwest. I was the first to unfurl its ba ners west of the lakes, and know I have done my full share in adva cing homœopathy to its present position in the west; but that is n reason why I should not do more. While I cannot now promi anything, in the future I will endeavor to send an article if pra ticable."

FROM WM. H. HOLCOMBE, M. D., NEW ORLEANS, LA.

"DEAR DOCTOR.—The sixth volume of the *State Transactions* w duly received. I did not know until its reception, that I had be elected an honorary member of the Homœopathic Medical Society the State of New York. I am grateful for the honor conferred, a would like to have the five other volumes of Transactions. If y will mail them to me, I will furnish the sum due, as I cannot expe the society to furnish me copies for those years when I was not member.

"It is too late for me now to prepare a communication for th seventh volume, as my literary and professional engagements severa months will be very pressing. I shall endeavor, however, to be

you in mind, and make some medical report which I trust will not be unworthy of your pages."

From E. C. Franklin, M. D., St. Louis, Mo.

"Dear Doctor.—Your circular letter has been received, and in reply would say that I shall not be able to give you any pabulum for the forthcoming Transactions, but for the next year I will give you two very interesting surgical cases.

"The only volume wanting of the Transactions is the first, for which, if you have it, I will be obliged to you for forwarding to my address."

"New Haven, *November* 23, 1869.

"My Dear Sir.—To my surprise I first learned, on the 16th inst., by way of Dr. Talbot, of Boston, that I have been expelled by the New York State Medical Society, last February. It was the first intimation I had of the fact. If any charges were made against me, I never had any notice whatever. That the society, has power to expel for cause, I presume to be true, but that they can do it without charges preferred and notice by citation to show cause, I do not believe. It is over forty-five years since I first attended that society, and some forty-two years since I was elected (unanimously) a permanent member. For some three years, you will find by their published list of permanent members, all names before mine are starred, showing that all before me have deceased. Hence, I was the oldest one living. After waiting more than twenty-five years, since I became a homœopathist, and until by age and infirmity, I had ceased to practice, they now seem anxious to mark me expelled before death should call me home, when I should cease to be a member of the society. I must inquire further about the business, and ask you to inform me. * * * I wish you would, without delay, forward me, by Merchant's Union Express Company, a copy of your State society proceedings for 1869, and also old school society proceedings for 1869, in one package. I presume you will have no difficulty in procuring a copy of old school proceedings; I am sorry to trouble you in this matter, but I trust you will pardon me. Personally, my expulsion is of little consequence; I have a reputation professionally, morally politically, and religiously, as I trust, above reproach. Aside from

my being a homœopathist, they dare not lay a charge against me. I believe (not certain) that the court would set aside my expulsion, compelling them to get rid of me, if at all, by charges, notice, and trial. I have not a copy of by-laws of the State society under which they expelled me. Do you know? I again repeat, the expulsion, so far as I am concerned, is not one of great consequence, but if I should proceed against the society in a court of justice, and get the expulsion set aside, it would be a triumph of homœopathy and its friends. After full consultation with our homœopathic friends and good counsel, I shall pursue such a course as may be deemed advisable; but at my age, and with my infirmities, I need quiet and rest. Please forward books at once; I wait to see old school record of my expulsion. * * * All trials and proceedings must be in accordance with the constitution and bill of rights. I hold that no man can be tried and condemned until charges are preferred, and he notified to show cause, but I may be wrong. * * * I wish I could get "a certified copy" of the old school society proceedings, relative to me, at their last annual meeting. * * * I hope I may be able, though not strong, to attend the next meeting of the State Homœopathic Medical Society in Albany.

III.

REPORTS OF PUBLIC INSTITUTIONS.

Hospitals.

ARTICLE 23. Hospital in Connection with the Five Points House of Industry, N. Y.
24. Hospital in connection with the Protestant Half-Orphan Asylum, N. Y.
25. Hospital in Connection with the Homœopathic Medical College, N. Y.
26. Hahnemann Hospital, New York.
27. New York Ophthalmic Hospital.
28. New York Infirmary for Women.
29. Hospital in Connection with Ingleside Home, Buffalo, Erie County.
30. Margarettsville Retreat for the Insane, Margarettsville, Delaware Co.
31. Insane Asylum at Middletown, Orange County.

Dispensaries.

32. City Dispensary, Albany.
33. Buffalo Homœopathic Dispensary.
34. Poughkeepsie Homœopathic Dispensary.
35. Gates Avenue Homœopathic Dispensary, Brooklyn.
36. Brooklyn Homœopathic Dispensary.
37. Bond Street Homœopathic Dispensary, New York.
38. Dispensary in Connection with the N. Y. Homœopathic Med. College.
39. Metropolitan Homœopathic Dispensary, New York.
40. Morrisania Homœopathic Dispensary.
41. New York Homœopathic Dispensary.
42. North-Eastern Homœopathic Medical and Surgical Dispensary, N. Y.
43. Tompkins' Square Dispensary, New York.
44. Western Homœopathic Dispensary, New York.

Medical Colleges.

45. New York Homœopathic Medical College.
46. New York Ophthalmic Hospital.

Reported by Honorary Members.

47. Consumptive's Home, Boston.

ARTICLE XXIII.

Report of the Hospital in connection with the Five Points House of Industry. B. B. F. Joslin, M. D., Attending Physician.

Incorporated 1854. Located at 155 Worth street, New York city.

A. OFFICERS.

B. REPORT OF THE ATTENDING PHYSICIAN.

A.

OFFICERS 1869–70.

Trustees (who are also Incorporators).—Archibald Russell, Pre dent; R. B. Lockwood, Secretary; H. N. Camp, Treasurer; Geor F. Betts, Charles Ely, Frederick G. Foster, Morris K. Jesup, M shall Lefferts, D. Lydig Suydam; Duncan, Sherman & Co., Banke

Incorporators.—Hiram Barney, Wm. T. Booth, T. B. Bronso Wm. Smith Brown, W. E. Caldwell, W. W. Cornell, C. H. Dabn James Donaldson, J. H. Earle, D. Willis James, J. S. Leverett, M. Pease, H. R. Remsen, D. S. Schanck, C. H. Shipman, Jo Slade, J. R. Spalding, C. B. Tatham, W. R. Vermilye, Rich Warren, R. A. Witthaus. S. B. Halliday, Superintendent; Wm. Barnard, Assistant Superintendent; Mrs. Halliday, Matron.

Attending Physician.—B. F. Joslin, M. D.

Resident Physician.—Stephen C. Smith, M. D.

B.

REPORT OF THE ATTENDING PHYSICIAN.

During the past year, 698 cases of sickness occurred, three perso were sent to Bellevue Hospital, leaving 695 cases to be treated in t house. Six cases of typhoid fever, two of scarlatina, four of pn monia, and six of phthisis pulmonalis are comprised in the numb stated; 1,992 prescriptions were given.

Two deaths occurred, both from chronic disease of a scrofulo character. One, James Donnelly, aged five years, was taken si February 18th, 1867, and died March 8th, 1868; a case of chron hydrocephalus. The other, Susan Mahan, aged two years, h marasmus, of which she died November 10th, 1868.

Of the many cases of severe acute diseases treated, *none* have, during the past year, proved fatal. Of the six cases of consumption treated, all but one under treatment have been discharged *cured;* with unfavorable circumstances, no doubt further development of the disease will take place.

I regard our success in the treatment of disease in this institution, during the past as well as preceding years, to be owing in great measure to the excellent system of *ventilation*, and to the fact of the patients receiving prompt attention from the *resident* physician.

To Dr. Houghton our thanks are due for strict attention to the duties of the institution as resident physician for the past two years. Our success is owing in considerable degree to his conscientious discharge of the duties of his position. He expects in some degree to retain his connection with the house; though, as he is entering upon private practice in the upper part of the city, his relations will not be quite so intimate.

Dr. Smith, his successor, has already been associated with us for several months, and ably fills the position.

The present year makes four of complete exemption from varioloid or small pox; an exemption owing, it is believed, to the system of vaccination practiced for the past eight years; 213 children have been vaccinated during the past year.

I have made forty-seven visits to the institution.

Name of Disease.	No. of cases occurred.	Sent to hospital.	Treated at house.	Died.
Typhus fever	1	....	1	
Typhoid fever	5	....	5	
Intermittent fever	1	....	1	
Ephemeral fever	8	....	8	
Erysipelas	3	....	3	
Varicella	5	....	5	
Scarlatina	2	....	2	
Urticaria	2	....	2	
Eruptions	137	....	137	
Furunculus	2	....	2	
Abscesses	3	....	3	
Ulcers	5	....	5	
Fractures	1	1	....	
Injuries	17	....	17	
Marasmus	1	...	1	1
Burns	5	....	5	
Warts	1	....	1	
Scrofula	10	....	10	
Enlarged glands	6	....	6	
Morbus coxarius	3	....	3	

Name of Disease.	No. of cases occurred.	Sent to hospital.	Treated at house.	Died.
Periostitis	2	....	2	
Paronychia	9	....	9	
Alcoholism	1	....	1	
Rheumatism	7	....	7	
Prostration	3	....	3	
Paralysis	1	....	1	
Venereal	2	1		
Cephalalgia	24	....	24	
Convulsions	1	1		
Neuralgia	4	....	4	
Ophthalmia	145	....	145	
Hordeolum	3	....	3	
Catarrh	22	....	22	
Deafness	1	....	1	
Otorrhœa and otalgia	24	....	24	
Odontalgia	11	....	11	
Parotitis	2	....	2	
Stomatitis	2	....	2	
Gangrene of mouth	1	....	1	
Sore throat	30	....	30	
Diptheria	4	....	4	
Cough	11	....	11	
Bronchitis	20	....	20	
Hooping cough	1	....	1	
Pneumonia	5	....	5	
Pleurodynia	2	....	2	
Phthisis	6	....	6	
Heart disease	1	....	1	
Gastric derangement	8	....	8	
Gastralgia	1	....	1	
Dyspepsia	3	....	3	
Diarrhœa	89	....	89	
Dysentery	12	....	12	
Colic	1	....	1	
Prolapsus ani	1	....	1	
Helminthiasis	2	....	2	
Constipation	3	....	3	
Hydrocephalus	1	....	1	
Dysmenorrhœa	2	....	2	
Amenorrhœa	2	....	2	

Recapitulation, 1868–1869.

Total number of cases .....
Sent to hospital .....
Treated at the house .....
Died at the house .....
Prescriptions 1,
Visits by Dr. Joslin .....
Vaccinated .....

At the regular annual meeting of the Incorporators of the Five Points House of Industry, held March 8th, 1869, it was on motion,

Resolved, That the thanks of the Incorporators be tendered to Dr. Benjamin F. Joslin for his gratuitous and very efficient services in connection with this Institution.

ARTICLE XXIV.

Report of the Hospital in connection with the Protestant Half-Orphan Asylum, New York. By B. F. Bowers, M. D., Attending Physician.

Founded in 1832. Under allopathic direction ten years; under homœopathic direction since 1842. Located at New York city.

Report of the Attending Physician.

Number of children admitted during the past year was 326.

The average condition of the children has been better than usual, no deaths having occurred during the year.

There have been dangerous injuries to the head, bodies and limbs, dislocation of an elbow, and a fracture of an arm, from falls.

An unusual number of children have had intermittent fever, contracted before their admission. Some of the cases were obstinate, often relapsing, but all have been cured.

It requires great care to keep the ophthalmia and eruptions in check, but the efforts in that department have met with gratifying success. All the cases of ophthalmia have been satisfactorily treated, and in most cases a speedy cure has been effected without local applications.

The following table will show the causes and number of deaths during the last sixteen years:

	1852-1862.	1862-1868.	Total.
Typhus fever	5	..	5
Scarlet fever	4	..	4
Convulsions	2	1	3
Marasmus	3	..	3
Congestion of brain	1	1	2
Organic disease of heart	..	1	1
Pneumonia	1	1	2
Typhoid fever	..	1	1
Dysentery	1	..	1
Gangrene of mouth	1	..	1
Purpura hæmorrhagica	..	1	1
	18	6	24

ARTICLE XXV.

Report of the Hospital in Connection with the New York Homœopathic Medical College.

A. ACT OF INCORPORATION.
B. BY-LAWS.

A.

AN ACT to incorporate the New York Homœopathic Medical College Hospital, in the city of New York.

PASSED *April 22d*, 1867.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. S. B. Barlow, M. D., Jacob Beakley, M. D., Sinclair Tousey, Joseph S. Bosworth, William Cullen Bryant, Lyman Clary, M. D., A. B. Conger, Ezra Cornell, Erastus Corning, John P. Crosby, Daniel Drew, Edmund Dwight, Prof. Theodore W. Dwight, J. Stanton Gould, Horace Greeley, A. Oakey Hall, Marshall Lefferts, John Lord, Henry R. Low, E. H. Ludlow, Banjamin F. Manierre, E. E. Marcy, M. D., Ralph Mead, Orson B. Munn, John A. Nicholson, Louis Pettee, William C. Prime, Horatio Robinson, M. D., James A. Robinson, Duncan Sherman, Jackson S. Shultz, John T. S. Smith, Daniel D. Smith, M. D., Martin Thatcher, Salem H. Wales, Louis de V. Wilder, M. D., and such persons as may hereafter associate with them in such manner and upon such terms as shall be specified in their by-laws, are hereby constituted a body corporate and politic by the name of "The New York Homœopathic Medical College Hospital," and by that name shall have the right to sue and be subject to be sued in all courts, in like cases as natural persons, and shall possess all the powers and liabilities which are declared by the third title of the eighteenth chapter of the first part of the Revised Statutes to belong to corporations; and shall be capable of taking, by direct purchase or otherwise, of holding, of conveying or otherwise disposing of any real or personal estate for the uses and purposes of said corporation; such estate not to exceed at any time the net annual income of fifty thousand dollars, and not to be applied to any other purposes than those for which this corporation is created.

§ 2. The objects of this corporation are to establish and maintain in the city of New York, a hospital, at which shall be received such persons as may require medical or surgical treatment; and all patients in said hospital shall be under the professional care of surgeons and physicians belonging to the homœopathic school of medicine. The said hospital shall be under the superintendence of the Commissioners of Public Charities and Corrections of the City of New York, and have the same rights and powers now possessed by hospitals under charge of that Board.

§ 3. The members of this corporation at any annual meeting to be held at the time and place fixed by the by-laws, shall elect from their own number, by ballot, a Board of Managers of said hospital. A majority of votes shall be necessary for such election, and the number constituting such Board shall be declared in the by-laws. The term of office of said managers shall be one year, and till their successors shall have been elected.

§ 4. The Board of Managers shall annually elect from among the members, as soon as may be convenient after the annual election, a President, two Vice-Presidents, a Secretary and Treasurer, who shall hold office for one year and until their successors shall have been chosen. The several persons named in the first section of this act shall constitute the first Board of Managers under the same regulations, and shall hold office till the first annual meeting.

§ 5. The Board of Managers shall have power to transact the business of the corporation; to fill vacancies in the Board till the next annual meeting; to make By-Laws for the government of their proceedings, the management and disposition of the property and concerns of the corporation, and the admission of members, and to appoint such officers, assistants, and servants as they may deem necessary.

§ 6. Seven managers, including the President, or one of the Vice-Presidents, shall have authority to transact business, provided a notice of the meeting, in writing, shall have been previously given to each member, or left at his residence or place of business, of a meeting of the Board; but for the sale or alienation of real or personal estate belonging to the corporation, or for the leasing of any such real estate for a longer period of time than one year, or for the discharging of any officer, or for the suspension or dismissal of any physician or surgeon of the aforesaid New York Homœopathic Medical College

Hospital, the approval of a majority of all the members of the said Board shall be necessary.

B.

BY-LAWS.

SECTION 1. The management of the New York Homœopathic Medical College Hospital shall consist of a Board of forty Managers, and they shall choose by ballot from their own number a President, two Vice-Presidents, a Secretary, a Treasurer, and two Auditors.

§ 2. The Board of Managers shall be chosen by ballot at the annual meetings, and shall serve until their successors shall have been elected respectively.

§ 3. The annual meeting shall be held on the first Monday in December each year, at eight o'clock, P. M., at such a place in the city of New York as the Board of Managers may designate; and a printed notice of the time and place of meeting shall be prepared by the Secretary, and sent to each member of the Association.

§ 4. Special meetings of the Association may be called at any time by the Board of Managers; and the Secretary shall specify, in the notice to be sent to the members, the object of such special meeting, and no other business shall be transacted than that specified by the call, except by unanimous consent.

§ 5. The duties of the Board of Managers shall be to exercise a general superintendence over the affairs of the hospital; to manage and control its property; to purchase or rent a suitable building and lot for the reception of patients, and prescribe rules for their admission and discharge. They shall also make all the necessary purchases for the hospital, but shall have no power to incur any debt which shall exceed in amount the cash in the hands of the Treasurer.

§ 6. At every annual meeting, the Board of Managers shall make a report of their proceedings.

§ 7. The Board of Managers, of which seven shall be a quorum, shall meet as often as once every month to transact business.

§ 8. The duties of the Secretary, Treasurer and Auditors will be prescribed by the Board of Managers, to whom they shall report.

§ 9. In addition to the names specified in the corporate act of the New York Homœopathic Medical College Hospital, all such persons as shall be proposed at any regular meeting of the Association, when there is a quorum present, shall be balloted for at the next

meeting, and on receiving the vote of a majority, be elected members, and shall have the same privilege to vote and hold office as the original corporators.

§ 10. These By-Laws may be altered or amended at any regular meeting of the Board of Managers, notice of the proposed amendment having been given at the previous regular meeting.

ARTICLE XXVI.

Report of the Hahnemann Hospital of the City of New York. By F. Seeger, M. D., Medical Director.

Organized September 7th, 1869. Located at 307 East 55th street, in the city of New York.

A. OFFICERS.
B. REPORT OF ORGANIZATION.
C. REPORT OF INAUGURATION.
D. CONSTITUTION AND BY-LAWS.

A.

OFFICERS 1869–70.

President.—Hon. George C. Barrett, 24 West 38th street.

First Vice-President.—D. D. T. Marshall, President Homœopathic Mutual Life Insurance Company, 231 Broadway.

Second Vice-President.—Wm. Radde, Esq., Publisher, 550 Pearl street.

Third Vice-President.—Hiram Calkins, Editor, Office N. Y. *World.*

Corresponding Secretary.—H. C. Brown, Manufacturer Burglar Proof Safes, 233 Broadway.

Recording Secretary.—J. Robie Wood, M. D., 188 West 11th street.

Treasurer.—John Davidson, Esq., President Manufacturer and Builders' Bank, Third Avenue, cor. 55th street.

Medical Director.—F. Seeger, M. D., 150 East 54th street.

Board of Directors.—Hiram Calkins, John F. Gray, M. D., Fifth Avenue Hotel; D. D. T. Marshall; B. F. Bowers, M. D., 50 West 29th street; Lewis Hallock, M. D., 106 Madison Avenue; Rev. A. E. Kittredge, Pastor 11th Presbyterian Church; F. W. Hunt, M. D., 107 West 36th street; C. E. Blumenthal, M. D., 143 East 29th street; Rev. E. Benjamin, Rector Church of the Holy Light; John Davidson; H. C. Brown; R. Reisig, M. D., 61 West 36th street; F. Seeger, M. D.; Charles Hewlett, Esq., 1044 Second Avenue; Hon. G. C. Barrett; Hon. R. B. Connolly, Comptroller city of New York; James R. Boyd, Esq., Boyd and Hincken, Merchants, 6 William

street; J. Robie Wood, M. D.; Fred. Schack, Esq., President North-eastern Homœopathic Dispensary, Schack and Hotop, 54 White street; R. A. Storrs, Esq., Vice-President North-eastern Homœopathic Dispensary, 134 East 28th street.

Executive Committee.—B. F. Bowers, M. D., Chairman: H. C. Brown, William Radde, C. E. Blumenthal, M. D., Rev. A. E. Kittredge, F. Seeger, M. D., James R. Boyd.

Finance Committee.—Lewis Hallock, M. D., Hon. R. B. Connolly, R. Reisig, M. D.

Auditing Committee.—Charles Hewlett, F. W. Hunt, M. D., Rev. E. Benjamin.

Medical Board.—F. W. Hunt, M. D., Chairman: C. E. Blumenthal, M. D., R. F. Bowers, M. D., Lewis Hallock, M. D., R. Reisig, M. D., J. Robie Wood, M. D., J. R. White, M. D., F. Seeger, M. D., House Physician and Surgeon.

Consulting Boards.—John F. Gray, M. D., E. Guernsey, M. D., R. McMurray, M. D., E. E. Marcy, M. D., S. R. Kirby, M. D., C. Dunham, M. D., A. Reisig, M. D., J. A. McVickar, M. D., H. D. Paine, M. D.

Surgeons.—G. E. Belcher, M. D., C. Th. Liebold, M. D., J. Beakley, M. D., J. C. Minor, M. D.

B.

Organization.

In pursuance of a call issued by Dr. F. Seeger, a meeting of a number of prominent physicians of the city of New York was held at the North-eastern Homœopathic Medical and Surgical Dispensary, on Tuesday, September 7, 1869.

Dr. Seeger stated the necessity existing for a homœopathic hospital, and deprecated the apathy of the school in New York, and expressed his desire for the commencement of operations looking to the remedying of this defect.

He then, on behalf of the Board of Management of the North-eastern Dispensary, tendered to those present the second and third floors of dispensary building, rent free, for hospital purposes.

The physicians present inspected the building and expressed their gratification.

The meeting then organized under the name of the Hahnemann Hospital Association of the City of New York.

It is estimated that the building will afford comfortable accommo-

dation for fifteen patients. It is designed to make this the nucleus of a larger and more extended hosipital in the future.

Organization, incorporation, and the obtaining of funds are being energetically pushed forward, and it is expected that by the first of November, a number of beds will be ready for use, a few of which will be reserved for paying patients.

Among the physicians who have taken an interest in the organization of a hospital are Doctors F. W. Hunt, B. F. Bowers, C. F. Blumenthal, E. E. Marcy, W. H. White, J. Robie Wood, F. Seeger, C. Th. Liebold, J. C. Minor, Lewis Halleck, H. D. Paine, R. McMurray, I. I. Mitchell, J. W. Mitchell, and others.

This hospital will commence receiving patients immediately, the second and third floors of the North-eastern Homœopathic Dispensary having been given to the hospital free of rent. Accommodations for twelve patients will be provided for the present, although more can be accommodated. The directors earnestly appeal to the homœopathy laity for support. Funds are urgently needed. The co-operation of the ladies is requested. Bedding, carpetings, clothing, etc., etc., are of use. Now that a much desired want is to be supplied, we call upon all to rally and aid us in making it a success.

Donations of money may be sent to any of the directors for the treasurer, John Davidson, Esq., President Manufacturers' and Builders' Bank, Third avenue and Fifty-fifth street. Donations of goods should be sent directly to the hospital, addressed to care of Dr. F. Seeger. We earnestly appeal to the homœopathic profession and laity to rally in support of this hospital. Now that a need long felt and so devoutly wished for by so many is to be supplied, we hope you will give us your most energetic aid.

C.

REPORT OF INAUGURATION.

The following extract from the New York *Tribune* of December 15th, 1869, shows that the efforts of the founders of this institution have met in some degree the success they have anticipated:

"The inaugural ceremonies of the Hahnemann Hospital were attended last evening at the Union League Club Theatre by a large, intelligent and fashionable audience. John F. Gray, M. D., the first American homœopathic practitioner "on this continent," presided, and, after a few fitting remarks introduced the Rev. J. P. Krechtling who invoked the Divine blessing on the new institution, and its offi-

cers and directors. Miss Clara Louise Kellogg sang "La Fioraja," and responded to an encore with Balfe's "Beware." The inaugural address was delivered in a pleasant, off-hand vein by the president of the hospital, the Hon. George C. Barrett. The speaker reviewed the life of Samuel Hahnemann, and warmly eulogized his character, citing the fact that he became a father at the age of eighty, as something that speaks well for homœopathy. Judge Barrett remarked in defense of the system, that it has a distinct law of cure; it deals with obvious symptoms rather than doubtful diseases, and it has greatly modified the old method of practice. He related an anecdote of a certain German gentleman who could get no relief from a certain mysterious disease, and at last resolved to write to every physician in the world asking two questions. There was no unanimity in the answers received, but Hahnemann, extraordinary to relate, sent back the inclosed fee, and replied as follows: 'What is my disease'? I don't know, and I don't care. What is the remedy? That is my business and not yours;" and eventually the great reformer prescribed for the German gentleman's mysterious aliment most successfully. The speaker also quoted the words of Hahnemann, "For the health of the soul I prescribe the love of God; for the body, homœopathy," and closed by saying: "Erect such a monument as this hospital to the memory of Hahnemann and you will erect one over which the soul of that great man can hover, and smile upon all those who strive in his name to alleviate human suffering."

"Dr. Gray then introduced William Cullen Bryant, as a veteran believer in the system of homœopathy, who, in the course of a few pleasant remarks, offered as a companion to Mr. Barrett's anecdote of Hahnemann one of an old Scotch physician, who, on being asked what prescription he would order for the moral and physical well-being of man, said: "Aweel, aweel, mon, we maun do two things. We maun for the body's sake keep the booels weel open. That'll do for th'ae warld. For the soul's sake we maun keep a gude conscience. That'll do for t' ither." Mr. Bryant thought it of great importance that homœopathy should be put to a severe test, and that the establishment of the hospitals would present a fair opportunity for a just comparison of the two systems of medicine.

"At the close of Mr. Bryant's address, Miss Kellogg sung, 'Coming through the Rye," and, in answer to the urgent call of the audience, 'Home, Sweet Home.' During the evening Dodworth's orchestra played selections from various composers.

"The President of the hospital is the Hon. George C. Barrett; the Vice-Presidents, D. D. T. Marshall, William Radde, and Hiram Calkins; Treasurer, John Davidson, President Manufacturers' and Builders' Bank; and among the Directors are Dr Gray, Dr. Hallock, the Hon. R. B. Connolly, and Dr. F. W. Hunt."

D.

CONSTITUTION AND BY-LAWS.

Article I.

SECTION 1. The hospital shall be known as the "Hahnemann Hospital," of the city of New York.

§ 2. Its object shall, as its name implies, be the providing hospital treatment on the principles of the homœopathic school of medicine.

§ 3. The number of Directors shall be twenty; the officers of the North-eastern Homœopathic Medical and Surgical Dispensary being members *ex-officio* of the Board of Directors.

§ 4. The officers shall consist of a President, three Vice-Presidents, a Corresponding and Recording Secretary, a Treasurer, and a Medical Director.

§ 5. The President shall preside at the meetings of the Board of Directors, preserve order therein, and in case of an equal division of the members on any question, give the casting vote. He shall also perform all other duties usually pertaining to that office.

§ 6. The Vice-Presidents, in the absence of the President, shall perform his duties in the order of their rank.

§ 7. The Corresponding Secretary shall conduct the correspondence of the hospital. He shall report such correspondence at the regular meetings of the Board of Directors.

§ 8. The Recording Secretary shall keep an accurate record of the transactions of the Board of Directors in a book, kept for that purpose, and notify members of all meetings.

§ 9. The Treasurer shall receive all moneys and dues. He shall, in conjunction with the Chairman of the Committee on Finance, sign and pay all drafts.

Article II.

SECTION 1. Meetings of the Board of Directors shall be held on the second Wednesday of each and every month.

§ 2. Five Directors shall at such meetings constitute a quorum for the transaction of business.

§ 3. Special meetings of the society may be called by the President, on the request of three or more members. The object of such calls to be stated in the request. The President shall then direct the Recording Secretary to notify all the Directors of such meetings.

§ 4. Relating to the order of business.

1. Call of roll.
2. Minutes of the last meeting and their approval.
3. Report of the Medical Director.
4. Reports of committees.
5. Motions.
6. New business.
7. Unfinished business.
8. Informal conversation.
9. Adjournment.

Article III.

Section 1. There shall be an Executive Committee. All duties not vested in the Committees on Finance and Audit, and in the Medical Director, shall be vested in the Executive Committee; said Committee to have power to appoint sub-committees. The number composing such committee shall be seven.

§ 2. There shall be a Committee on Finance, composed of three members of the Board of Directors. Its duties shall be those usually pertaining to such committees.

§ 3. There shall be an Auditing Committee of three Directors. Its duties shall be those usually pertaining to such committees.

§ 4. Any number of ladies may join themselves in the formation of a "*Ladies' Aid Society of the Hahnemann Hospital of the City and State of New York.*" They shall have such powers and duties as are usually vested in organizations of this character. They shall have power to draft such rules and regulations for their guidance, as they may deem fit. They shall also regulate and appoint their own officers.

Article IV.

Section 1. These By-Laws can only be amended at a regular meeting, after notice of such intended amendment has been given at a previous regular meeting, and due notice thereof has been served upon each member of the Board.

Article V.

DUTIES OF THE MEDICAL DIRECTOR.

SECTION 1. The Medical Director shall have power to appoint medical and other assistants. He shall have power to appoint a matron and nurse. He shall have power, for cause, to suspend the matron, or any person employed in the hospital.

§ 2. He shall receive and examine into all applications for hospital accommodation.

§ 3. He shall see that a correct record be kept of the name, residence, age and nativity of the patient, and the name or names of some relatives or intimate friends, in a book to be known as the Hospital Register.

§ 4. He shall also make and keep a record of the disease, its symptoms, daily course, treatment, etc., etc., of each patient, from the date of the patient's entry into the hospital, until the patient's discharge, in a book to be known as the Hospital Clinical Register.

§ 5. He shall exercise strict supervision over the dietetic and sanitary affairs of the hospital, and he shall have power to call meetings of the Attending Medical Board, or of the Consulting Boards, for consultation on matters pertaining to these subjects, when he may deem fit.

§ 6. He shall have power to summon in consultation members of the Medical and Surgical Boards of the hospital when he may desire such consultation, in treatment of difficult cases.

§ 7. He shall have vested in him all power necessary for the maintenance of order in the hospital, in all matters not otherwise especially provided for.

§ 8. He shall make a monthly statement to the Board of Directors at their monthly meetings, of the number of patients treated, discharged, and the deaths.

§ 9. He shall prescribe rules for the preservation of order, in reference to visitors, patients, and medical students.

ARTICLE XXVII.

Seventeenth Annual Report of the New York Ophthalmic Hospital. By F. H. Thomas, M. D., Resident Physician.

Incorporated April 21, 1852. Under allopathic direction prior to June 1867; under homœopathic direction since that time. Located at 387 Fourth avenue, corner of Twenty-eight street, New York City. Open for the reception of patients every day, at two o'clock, Sundays excepted.

A. Officers.
B. Report of the Board of Directors.
C. Report of the Surgeons.
D. Report of the Treasurer.
E. Report of the Visiting Committee.

A.

Officers, 1869–70.

President.—John M. Seaman.

Vice-President.—Thomas C. Smith.

Treasurer.—Cornelius C. Corson.

Secretary.—Amos M. Chace, Jr.

Directors.—Solomon Jenner, Amos M. Chace, Jr., John M. Seaman, Charles E. Bostwick, George W. Clarke, W. R. Kirkland, Washington Hadley, Herman C. Fisher, Thomas C. Smith, James L. Woodward, Cornelius C. Corson, F. C. Harriot, John W. Whitfield, C. W. Ogden, Peter Cooper, J. W. Caldwell, Cornelius O'Reilly.

Attending Surgeons.—C. Th. Liebold, M. D., T. F. Allen, M. D., J. McE. Wetmore, M. D., C. A. Bacon, M. D.

Consulting Surgeons.—P. P. Wells, M. D., H. D. Paine, M. D. G. E. Belcher, M. D., Carroll Dunham, M. D.

Aural Surgeon.—H. C. Houghton.

Resident Physician.—F. H. Thomas, M. D.

Finance Committee.—Thomas C. Smith, Washington Hadley, George W. Clark.

B.

Seventeenth Annual Report of the Board of Directors.

The committee appointed to prepare the annual report of the workings of the hospital for the year 1868, acknowledge, with pro-

found thankfulness, the providential favor which has accompanied the efforts of the Board to alleviate human suffering, and which has, through the fostering aid of the city and State, crowned their labors with more than usual success.

The building corner of Fourth avenue and Twenty-eighth street has, for many years, been occupied by this institution, where large numbers of the poor have found kind and skillful treatment of impaired vision and medicines free of charge, and where physicians and medical students have been well instructed in the theory and practice of ophthalmy. Of late the number of patients (chronic for the most part) has increased beyond the accommodations afforded by these premises. The Board, therefore, look forward with no regret to the early expiration of their lease of them. First, because they have become inadequate to the demands for relief which are made upon the hospital, from the rapidly augmenting population of this city; second, because its present location has become too far removed from the residences of the afflicted poor, to confer upon them the benefits of first treatment; third, because the directors repose with confidence on the benevolence of affluent individuals, who may know nothing from personal experience of the horrors of injured sight, but who "feel for others' woes;" and fourth, because they cannot believe the public authorities, who have chiefly nursed this hospital into life and strength, will suffer one of the most efficient charities of the State to want for a permanent home in which to carry on its benevolent work. A building fund of several thousand dollars has already been received, with some bequests, and with subscriptions to a large amount conditioned upon the hospital's obtaining equal sums from other sources.

The homœopathic system, here adopted, has been found successful beyond the expectations of the Board, in treating (at the rate of 1,200 per year) the most obstinate forms of ophthalmic disease in patients from different parts of the city and State, who have sought out this hospital and come to it for relief.

The Directors, and all the officers and surgeons, give their time and thought and aid to promote its usefulness without any remuneration, except the consciousness of doing good, and they appeal to every citizen who would lighten the burden of taxation by transforming consumers into producers, every philanthropist who is pained at human suffering, and every legislator who feels the responsibility of caring for the innocent and helpless children of the State, to sus-

tain, enlarge and establish this hospital upon a basis of permanent usefulness for generations to come. In a world of so many sorrows we cannot too often repeat the words of our Saviour: "Inasmuch as ye have done it unto one of the least of these, ye have done it unto me."

Mr. John M. Seaman, President, No. 10 East Twelfth street; Mr. Thomas C. Smith, Vice-President and Chairman of Finance Committee, No. 15 Park Place; and Mr. C. C. Corson, Treasurer, East River Bank, will receive the contributions of the friends of this hospital.

A list of the life members and life patrons of the institution is published in the sixth volume of Transactions, pages 488–90.

C.

Report of the Committee of Visitation.

The Committee of Visitation shall consist of two members, to serve for one month in rotation.

The Board of Directors shall be so classified that each member shall have a specified month in each year, during which he or his colleague shall visit the hospital, and see that the patients are regularly prescribed for and attended to; that the apothecary and other officers attend to the duties of their office with accuracy and neatness; to suggest any improvement that can be made, and to see that proper economy is observed in all the departments.

Visiting Committee.—January, S. Jenner, T. C. Smith; *February*, C. C. Corson, A. M. Chace, Jr.; *March*, G. W. Clarke, Peter Cooper; *April*, W. Hadley, J. W. Whitfield; *May*, C. O'Reilly, C. W. Ogden; *June*, H. C. Fisher, C. F. Bostwick; *July*, W. R. Kirkland, F. C. Harriot; *August*, J. L. Woodward, J. W. Caldwell; *September*, S. Jenner, J. M. Seaman; *October*, T. C. Smith, G. W. Clark; *November*, W. Hadley, C. E. Bostwick; *December*, H. C. Fisher, S. M. Seaman.

Finance Committee.—They shall audit all claims against the Institution, and provide all necessary articles needed for the Hospital.

One or more of the committee shall visit it at least once during each week.

THOMAS C. SMITH,
WASHINGTON HADLEY,
GEORGE W. CLARK,
Committee.

D.

REPORT OF THE SURGEONS TO THE BOARD OF DIRECTORS.

The attending surgeons present this report with the feeling of gratification that, during the past year, this institution has been the means of bringing help and health to an increased number of patients.

As the institution is not situated near the districts where the poor of this metropolis are huddled together in crowded tenements; being, on the contrary, near the very center of the richest and best part of the city; it is very natural that the poor, to whom "time is money," and who often have no money to spend in car fare, go, in acute and light cases, to the nearest dispensary, in all of which throughout the city eye diseases are treated indiscriminately with all other diseases. for this reason four out of every five of our cases are patients with chronic and serious ailments come to this institution for help; and it is with special gratification that we see this class of patients increasing in number, and regular in attendance.

We ardently hope that your efforts to secure better accommodations for this institution, may meet with that success which it certainly deserves and needs.

The two small rooms we have at present at our disposal are entirely inadequate in every respect to do justice to the patient as well as the physician. The funds of the hospital allow, only in very exceptional cases the reception of patients who are unable to pay their board.

Clinics are held four times a week during the winter session. Physicians and students from the country and city are in daily attendance at the hospital.

A department for the treatment of diseases of the ear has been established during the year.

Lectures are delivered during the winter season on the anatomy, physiology, and diseases of the eye, Wednesday and Saturday evenings by the attending surgeons.

Appended are tabulated statements of the diseases, number of patients treated, and operations performed.

The announcement of the seventeenth annual course of lectures is published in this volume, see article XLVI.

Diseases and Number of Patients treated from January 1st to December 31st, 1868.

	Males.	Females.	Total.
I. ORBITA.			
Exostis	1	...	1
Tumores	1	1	2
Necrosis	1	...	1
Fractura oss. lac.	1	...	1
Total	4	1	5
II. PALPEBRÆ.			
Entropium	2	4	6
Ectropium	2	1	3
Trichiasis, distich, etc.	1	11	12
Hordeolum, chalaz, milium	4	8	12
Bleph. cil., ac. et chr.	38	45	83
Bleph. phleg. et erysip. Furunc. et abscess	4	3	7
Herpes, crusta lact.	1	2	3
Verucæ, tumores, etc.	3	9	12
Lupus	1	...	1
Nævus	...	1	1
Epicanthus	1	...	1
Phimosis	1	...	1
Læsiones et corp. al.	8	1	9
Total	66	85	151
III. CONJUNCTIVA.			
Hyperæmia conj. periodica	1	...	1
Conj. catarrh, ac et chron.	70	55	125
" purulenta (blenn.)	14	11	25
" " neonat.	...	1	1
" granulosa (trachoma)	56	45	101
" post. et exanth.	19	17	36
Ecchymoses	...	3	3
Symblepharon	3	1	4
Pterigium	1	1	2
Neoplasmata	6	...	6
Læsiones et corp. al.	8	2	10
Total	178	136	314
IV. SCLERA.			
Scleritis	...	4	4
Sclerectasia traum.	1	...	1
Læsio et corp. al.	...	1	1
Total	1	5	6
V. CORNEA.			
Keratitis superficialis	14	27	41
" pustulosa	30	35	65
" parenchymatosa	9	3	12
" ulcerosa (ulcus simplex et perforans et keratoiritis)	30	28	58
Pannus	15	15	30
Macula, nebula, leucoma	29	32	61
Staphyloma	7	6	13
Cicatrix corn. traum.	...	1	1
Læsiones et corp. al.	19	4	23
Total	153	151	304
VI. IRIS.			
Iritis idiop. (rheum.)	10	3	13
" syphilitica	15	8	23
Synechia ant. et post. et atresia pupillæ	8	4	12
Mydriasis	2	...	2
Prolapsus Iridis	2	1	3
Læsiones et corp. al.	2	...	2
Total	39	16	55
VII. CORPUS CILLIARE ET CHORIOIDEA.			
Hyperæmia choriod.	3	2	5
Chorioiditis, ac. et chr.	16	18	34
Irido-chorioid., ac. et chr.	4	7	11
Chorioiditis disseminata	2	3	5
Irido-cyclitis c. hypop.	1	...	1
Ophthalmia sympathica	2	1	3
Atrophia chorioideæ et sclerotico chor. post.	12	12	24
Glaucoma, ac. et chron.	5	3	8
Albinismus	1	...	1
Total	46	46	92
VIII. NERV. OPTICUS ET RETINA.			
Neuro-retinitis	3	2	5
Œdema papillæ	2	...	2
Hyperæsthesia retinæ	1	1	2
Retinitis	5	2	7
" syphilitica	1	...	1
" hemeralopica	1	...	1
" albuminurica	1	1	2
Apoplexia retinæ	1	...	1
Anæsth. R. et atroph. N. O.	13	11	24
Amotio retinæ	1	...	1
Amblyopia (potat. et nicot.) et amaurosis	10	6	16
Embolia art. cent. ret.	1	1	2
Total	40	24	64
IX. LENS.			
Cataracta incipiens	11	10	21
" mollis et semidura	...	1	1
" dura	7	6	13
" pyramidalis	...	1	1
" nuclearis	...	1	1
" zonularis	...	1	1
" traum. et secund.	5	...	5
Dislocatio lentis traum.	1	...	1
Total	24	20	44
X. CORPUS VITREUM.			
Opacitates	4	1	5
XI. BULBUS.			
Panophthalmitis	1	1	2
Atrophia bulbi	4	...	4
Exophthalmus	...	2	2

(*Continued.*)

	Males.	Females.	Total.
Exophthalmus (morb. Basedowii)	...	1	1
Lesiones et corp. al	10	2	12
Total	15	6	21
XII. Refractio et Accommodatio.			
Myopia	1	2	3
Hyperopia	1	10	11
Presbyopia	2	12	14
Asthenopia accommodativa et muscularis	6	7	13
Total	10	31	41
XIII. Musculi et Nervi.			
Paresis et paralysis N. oc. mot	4	1	5
Paresis et paralysis N. abduc.	3	2	5
Strabismus convergens	6	6	12
" divergens	1	...	1
Blepharospasmus	1	1	2
Neuralgia ciliaris	1	10	11
" N. supra orb.	1	...	1
Total	17	20	37
XIV. Organa Lacrymalia.			
Hypersecretio gland. lac	...	2	2
Stillicidium lac	1	...	1
Hypertrophia gland lac	...	2	2
Dacryocystitis et blen	2	8	10
Strict et stenos. D. lac	6	10	16
Fistula lacrymalis	2	1	3
Total	11	23	34

	Males.	Females.	Total.
Recapitulation.			
I. *Orbita*	4	1	5
II. *Palpebræ*	66	85	151
III. *Conjunctiva*	178	136	314
IV. *Sclera*	1	5	6
V. *Cornea*	153	151	304
VI. *Iris*	39	16	55
VII. *Corp. Cil. et Chorioidea.*	46	46	92
VIII. *N. Optic. et Retina*	40	24	64
IX. *Lens*	24	20	44
X. *Corpus Vitreum*	4	1	5
XI. *Bulbus*	15	6	21
XII. *Refract. et Accommod.*	10	31	41
XIII. *Musculi et Nervi*	17	20	37
XIV. *Organa Lacrymalia*	11	23	34
Total	608	565	1,173
Diseases of the Ear.			
Agglut. cerum	4	5	9
Otorrhœa	8	14	22
Otitis int.	5	20	25
Otalgia	1	...	1
Occl. meat. ext.	1	1	2
Tinnitus	1	2	3
Corp. al.	3	2	5
Total	23	44	67
Diseases of Eye	608	565	1,173
" Ear	23	44	67
Total	631	609	1,240
Nativity of Patients.			
Born in United States	...	...	560
" Great Britain	...	...	528
" Germany	...	...	105
" other countries	...	...	47
Total	...	...	1,240

Operations Performed from January 1st to December 31st, 1868.

Number of operations.	Number of eyes.		Male.	Female.	Total.
14	14	Iridectomy	8	6	14
6	6	Cataracta dura (Graefe's operation)	3	3	6
7	3	Cataracta mollis (discission)	1	1	2
5	5	Cataracta secundaria (discis. et extract. caps.)	3	2	5
3	3	Staphyloma (Kuechler's operation)	3	..	3
1	1	Symblepharon	1	..	1
1	1	Ankyloblepharon	1	..	1
1	1	Pterigium	1	..	1
6	5	Strabismus convergens	2	2	4
2	1	Strabismus divergens	1	..	1
3	1	Paracentesis bulbi (Amotio Retinæ)	1	..	1
2	2	Enucleatio bulbi	1	1	2
24	20	Strictura duct. lac. (Stilling's operation)	5	13	18
9	5	Extirpatio tum. palp	..	5	5
2	2	Abscessus palp	1	1	2
18	18	Removals and extractions of foreign bodies	16	2	18
104	88	Total	48	36	84

E.

Report of the Treasurer for the Year October 1st, 1867, to October 1st, 1868.

Dr.

Balance October 1st, 1867	$1,124 00
Interest	719 45
Donations and voluntary contributions	1,285 00
From rents	1,843 18
	$4,971 63

Cr.

Rent of hospital	$1,100 00
Salaries of apothecary, etc.	1,166 60
Medicines and surgical instruments	605 69
Insurance	42 00
For investment	1,000 00
For all other purposes	1,040 14
Balance October 1st, 1868	17 20
	$4,971 63
Building fund	$6,000

ARTICLE XXVIII.

Report of the New York Homœopathic Imfirmary for Women. By F. W. Hunt, M. D.

Merged in the Female Department of the Hahnemann Hospital.

ARTICLE XXIX.

Report of the Hospital in connection with the Ingleside Home, Buffalo. By A. Shattuck, M. D., Medical Director.

Established May, 1869. Located at the corner of Vermont and Thirteenth streets, in the city of Buffalo.

A. OFFICERS.
B. REPORT OF ORGANIZATION.
C. ARTICLES OF ASSOCIATION.

A

OFFICERS, 1869.

President.—Mrs. G. C. Stearns.

Vice-President.—Mrs. Joseph Guild.

Secretary.—Mrs. Charles Walbridge.

Treasurer.—Mrs. H. H. Otis.

Board of Managers.—Mrs. E. Haines, Mrs. W. A. Wilkes, Mrs. J. O. Robson, Mrs. L. L. Lewis, Mrs. E. Clark, Mrs. A. McPherson, Mrs. R. Heneage, Mrs. W. Wilson, Mrs. H. R. Seymour, Mrs. A. Burtis, Mrs. Hugh Webster, Mrs. James Howell.

Auditing Committee.—Mrs. E. Haines, Mrs. W. A. Wilkes, Mrs. G. C. Stearns.

Purchasing Committee.—Mrs. J. Guild, Mrs. J. O. Robson.

Medical Director.—A. Shattuck, M. D.

Attending Physician.—A. S. Hinckley, M. D.

B.

REPORT OF ORGANIZATION.

Ingle Home is the name given to the hospital connected with and under the management of the Ingleside Society of the city of Buffalo. It was organized by the benevolent and philanthropic women of the city and vicinity, after deliberating upon the best means for reaching that unfortunate and erring class of women which exists in this and every other city in the known world, and rescuing them from their life of sin and degradation; many of whom after living a life of prostitution for a short time desire to reform.

In May, 1869, it became necessary to establish a hospital in connection with the society, not only for the purpose of having a retreat

for those seeking relief, but from the fact that many of the patients coming from the haunts of vice and prostitution, were infected with the diseases resulting from the life they had been living, and could only be treated in a hospital or other private retreat.

Mr. Joseph Guild, a man abounding in charity, kindly placed a building suitable for the purpose, in the hands of the society, rent free. The building is situated on the corner of Vermont and Thirteenth streets, and has been furnished and used for the purpose designed; and from the hour it was ready for occupancy it has not been without patients requiring medical attention.

Doctor A. S. Hinckley is associated with me in the medical care of the patients, and in a future report we will give a detailed report of cases treated.

The expenses of the Ingleside Home from the date of opening have been about one thousand dollars, not including rent, medical services, and medicines, which were gratuitous. This has been paid from voluntary contributions; but there is little dependence to be placed on a continuation of such support, and the usefulness of the association is limited accordingly. Already the calls for relief exceed their resources.

It would add materially to their usefulness if the society had a fixed income, or if they could receive State aid, and this is as deserving of such aid as any institution in the State.

Thus far the labors of the Ingleside Society have been successful, and they hope for continued prosperity.

C.

ARTICLES OF ASSOCIATION.

The following articles of association were subsequently agreed upon:

ART. I. This society shall be governed by a Board of Managers of Christian ladies, consisting of a President, Vice-President, Secretary, Treasurer, and twelve Managers.

ART. II. Any person may become a member of this society by paying two dollars annually, and the payment of five dollars constitutes an honorary member.

ARTICLE XXX.

Report of the Margarettsville Retreat. By Hilon Doty, M. D., of Margarettsville, Delaware County, N. Y.

Incorporated April 28, 1869.

A. Officers.
B. Circular Issued May 20, 1869.
C. Report of Drs. Avery and Ingalls, June, 1869.
D. Circular Issued September 2, 1869.
E. Extract from the Proceedings of Semi-Annual Meeting.
F. Plea for the Homœopathic Treatment of the Insane.

A.

Officers 1869.

Board of Trustees.—Hon. John Ferris, President; Hon. Daniel Rowland, Vice-President; Hilon Doty, M. D., Secretary; George G. Decker, Esq., Treasurer; Martin Morrison, Esq.

Board of Medical Council.—Hon. John Stanton Gould, Hudson; Hon. A. B. Conger, Haverstraw; Dr. Wm. S. Searle, Brooklyn; Dr. Jacob Beakley, New York; Dr. F. W. Hunt, New York; Dr. Henry N. Avery, New York; Dr. Horace M. Paine, Albany; Dr. Edward W. Avery, Poughkeepsie; Dr. Frederick W. Ingalls, Kingston; Dr. Abija P. Cook, Hudson; Dr. D. A. Gorton, Newburgh.

B.

Circular issued May 20, 1869.

A very general desire on the part of many members of our profession has been frequently expressed of late years, that there might be an insane asylum established in which the adherents of our school, and their relatives and friends, could receive homœopathic treatment. The commencement of an enterprise having all the required legal advantages, has now been inaugurated.

During the recent session of the Legislature of this State, an act was passed incorporating the Margarettsville Retreat, an institution which, if sustained as it ought to be by homœopathists, will soon be made complete in all its appointments. Its location is extremely healthful; the situation is retired from the activities of city associa-

tions; and in a few months it will be easily accessible by the Rondout and Oswego railroad. This, the first homœopathic asylum ever established, should receive the exclusive support of the homœopathic profession in this and adjacent States. Evidences of success in this institution will clearly indicate a demand on the part of the adherents of homœopathy, for the appointment of a new State asylum under homœopathic auspices. At the present time there are homœopathic physicians holding appointments in allopathic asylums, being educated as experts in this specialty, who desire situations in homœopathic institutions as soon as places can be provided.

The following report and resolution were adopted at the annual meeting of the Homœopathic Medical Society of the State of New York, held February 10, 1869:

The committee appointed to report upon the necessary steps to be taken for the appointment of the Margarettsville Retreat for the insane, respectfully recommend the early establishment of an institution for the treatment of the insane, as proposed by Dr. H. Doty, of Margarettsville, Delaware County, New York.

The Committee recommend the adoption of the following resolution:

Resolved, That public or private institutions under the care of homœopathic physicians or surgeons, should receive the united support of the medical profession and of the adherents of the homœopathic system of medical practice in this State.

The subjoined extracts are taken from the May number of the *Hahnemannian Monthly:*

"The treatment and care of the insane have hitherto received but little attention from homœopathic physicians, not from indifference to the subject, but because their time and energies have been devoted in a great measure to developing the materia medica. Lately, however, there has been evinced a disposition to pay more attention to other branches of professional study. Why should we longer be dependent upon allopathic hospitals for the treatment of the insane among our friends and patients? During the early years of homœopathy, when it was struggling for existence, this was necessary, but it is so no longer. The voice of the friends of homœopathy should now be heard, not asking as a favor, but demanding as a right, representation in the medical management of State hospitals for the treatment of the insane. Wherever two or more such institutions exist in and are supported by a State, one at least, should be under the management of homœopathists. If our wives, children or friends were suffering

bodily ills, we would regard it as deliberate trifling to trust them to even the most skillful allopathic physician; how much more imperatively is it our duty to provide for the proper care and treatment of those whose minds are affected? In the one case, the body alone may die; in the other, the patient may remain for years demented, and unable to appreciate or enjoy the slightest pleasures of life.

"Will not some of our State societies take this matter into serious consideration? A vigorous and determined effort will, beyond a doubt, succeed. If we have but a single hospital under homœopathic control, the increased favorable results of treatment will contrast so well with even the best now in vogue, that it will form a powerful leverage in effecting a radical change in the management of those who are so terribly afflicted.

"Regarding this question in its financial view, it is evidently the most economical plan to place the hospital under homœopathic care; for although, the total annual cost might be as large as under the present system, probably twice as many patients could receive treatment during the year, owing to the increased rapidity of recovery, thus greatly reducing the cost per patient, in addition to the benefit that would accrue to society from the conversion of consumers into producers.

"We are glad to be able to say that a step has been taken in the right direction. In the fall of 1867, an act in reference to the establishment of an 'asylum for the insane in one of the western or southern tier of counties of this State,' was introduced into the New York Legislature, reported favorably by the committee, and then allowed to rest. Dr. H. M. Paine, of Albany, says in the *American Homœopathic Observer*, 'The failure is to be ascribed to the indifference of the profession to the political advancement of our method of practice.' We hope a thorough canvass will be made this fall, and a more general interest awakened, and concentrated action secured.

"We do not know what steps have been taken, or results obtained, but trust our friends in New York will not rest until they have attained the honor of establishing the first homœopathic hospital for the insane in the world."

C.

Report of Drs. Avery and Ingalls, June, 1869.

During the past year Dr. Hilon Doty of Margarettsville, New York, conceived the idea of establishing near the village of Margarettsville an asylum for the insane, and a retreat for inebriates.

The institution is situated some two miles from the village of Margarettsville, Delaware county, State of New York, in the valley of the east branch of the Delaware river, is retired, pleasantly located, and healthful.

With the retreat is a farm of one hundred and seventy acres good land. Buildings ample. House built some twelve years since by a wealthy gentleman for a complete villa, is substantial, three stories and cupola, making ventilation complete. Piazzas whole length in front of house for first and second stories. A hall, on each side of which are large parlors; in the rear of them, large dining room, kitchen, office, two or three bedrooms, bath-rooms, and necessary store-rooms complete the first story. Five bedrooms, and bath-room on second story. Third story six large bedrooms; these rooms are all finished, and furnished in good style. Rooms all furnished with closets and clothes presses. Wings contain six large bedrooms well finished.

House is plentifully supplied with good water from a mountain spring. Hot and cold water throughout.

Grounds are laid out pleasantly, having four fountains, urns, and vases.

Out buildings are complete, viz., hot house, billiard house having good table. There are three bedrooms over the billiard-room; ice-house, wash-house, or laundry, hen-house, having an inclosed park of half an acre, carpenter-house, wagon-house, stables, with ten stalls; barns large, with excellent cellar, all in good repair, and supplied with everything necessary.

The institution, when a few proper alterations are made to secure insane persons, will accommodate some thirty patients. When the stock shall all be taken, additions can be made to accommodate pleasantly fifty more.

The asylum will be accessible another year by the Rondout and Oswego railroad.

The committee give their indorsement to the enterprise, and commend it to the attention of the profession.

Homœopathic practitioners can now have an asylum where homœopathy can bestow its blessings upon the insane. With a little exertion the necessary funds can be raised, and the first chartered homœopathic asylum for the insane can be made a success.

It may be well to state that the company has been formed with a capital of fifty thousand dollars, to be divided into shares of fifty dol-

lars each. The company has ample power to increase its stock to two hundred thousand dollars.

Its incorporators and officers are men of integrity and ability, residing in Delaware county, State of New York.

D.

CIRCULAR ISSUED SEPTEMBER 2, 1869.

This institution, incorporated by recent act of the Legislature,* is situated in one of the most beautiful localities in Delaware county, in the State of New York. The buildings are well adapted to the use of an asylum, are ample and commodious, and are located on grounds comprising upward of one hundred and seventy acres in extent.

The entire property has recently been placed in the care of a board of trustees, consisting of five gentlemen residing in the vicinity of the asylum. Through their efforts a liberal charter has been secured, which affords all the requisite legal advantages appertaining to any similar institution in this State.

The trustees are firm adherents of the homœopathic system. They desire that the asylum shall be conducted under homœopathic auspices, and in order to fully carry out their purpose they have appointed a board of medical counsel, consisting of physicians of acknowledged ability in the homœopathic school, and have placed in their care the entire supervision of all important matters pertaining to the management of the medical department, especially the appointment of the superintendent and his assistants.

The trustees have placed the control of the institution, to as great an extent as practicable, in charge of the homœopathic profession, and have provided for continuing it in the interest of the homœopathic system of medical practice, by incorporating in the charter provision for the annual election of trustees by the stockholders, each stockholder being intitled to one vote for each share of stock held; and by rendering invalid the transfer of stock, except with the consent of the Board of Trustees.

The board of medical council and the board of trustees desire most earnestly to make the asylum complete in all its departments, equal in every respect to other first class institutions, and worthy of the confidence and entire support of lay and professional homœopathists.

* April 28, 1869, Laws of New York, chapter 378. The charter is published in this volume, under the title "Laws of 1869, relating to the Practice of Medicine and Surgery."

An expenditure of several thousand dollars is required for alterations and improvements in order to render the buildings suitable for the reception and proper care of patients. This sum the trustees propose to raise by issuing stock to the amount of twenty or thirty thousand dollars. If obtained at an early day it is probable that an assessment of not more than twenty-five per cent will be required.

It is hoped that the success of this enterprise will not only demonstrate the superiority of homœopathic treatment of mental diseases, which have been hitherto entrusted almost wholly to the care of our opponents, but also that shareholders may expect to receive at least legal interest on the amount of their subscriptions.

E.

EXTRACTS FROM THE PROCEEDINGS OF THE SEMI-ANNUAL MEETING HELD SEPTEMBER 15TH, 1869.

"Dr. Doty, the financial agent of the Margarettsville Retreat, presented a statement substantially as follows: That he is owner of a property comprising 170 acres, situated in Delaware county, in this State; that having given considerable attention to the homœopathic treatment of mental diseases, and having, during the past few years, received and cured a number of insane patients, and having now a number of cases under treatment, and many applications which he is obliged to refuse on account of imperfect accommodations, he desires to increase the facilities which are now very considerable, by required alterations of the buildings on the premises, and by the erection of new and more suitable ones.

"That the estimated value of the property is $30,000, and that to carry out the provisions of an act incorporating the institution, $20,000 more must be raised. With a view to obtaining the requisite amount he proposes to place the entire property in the hands of a board of trustees, and to place the charge of the institution, as fully as may be practicable, under the supervision of the homœopathic school.

"The doctor intends to retain $20,000 worth of stock as an equivalent for the property. He now presents an opportunity to the homœopathic profession to assist him in this great enterprise of establishing the first insane asylum under homœopathic management. As the movement is certainly a great step in advancement of homœopathy, and as there is a reasonable prospect that it will prove a safe and even profitable investment, he appeals to the homœopathic profession

and their wealthy patrons for subscriptions to the stock, or donations outright.

F.

HOMŒOPATHIC TREATMENT OF THE INSANE.

A Plea for Margarettsville Retreat.—It is truly a lamentable fact, one which ought to receive the serious consideration of every homœopathic physician, that not a single institution, in this or any other country, exists in which the homœopathic treatment of mental diseases is made a specialty.

In case any member of our fraternity, or the members of our families, our relatives, our friends, or those of our patrons are afflicted with insanity, we have no opportunity to extend to them the benefits of a mode of treatment in which alone they and we have confidence. Of the twenty-nine insane asylums in this country, all, without exception, are under the control of allopathic experts, whose method of treatment is either purely expectant or positively injurious.

At a time when homœopathic practitioners in this country number more than five thousand, and their relatives and adherents are numbered by millions, and at a time when hospitals and dispensaries are being established in all our principal cities, it is passing strange that not one institution has been set apart for their especial treatment of diseases of the mind.

It behooves us, therefore, as homœopathists, to speedily inaugurate such measures as shall place our school in its normal, relative position, and remove the stigma now so freely heaped upon us by allopathic rivals, of being deficient both in ability and energy.

But now, at length, an opportunity is afforded homœopathists to establish, at a very moderate cost, an insane asylum of sufficient dimensions for present necessities. A member of our profession, Dr. Hilon Doty, of Margarettsville, Delaware county, for a number of years past having given attention to the treatment of mental diseases, and having frequently refused applications, on account of insufficient accommodations, desires to provide increased facilities for the reception and proper care of insane patients.

The doctor owns a farm of one hundred and seventy acres, situated in one of the healthiest and most beautiful regions in this State. On the place are large and substantial buildings, but they are not adapted to the uses of an insane asylum. An expenditure of at least twenty-five thousand dollars will be required in order to make necessary

improvements, and erect a new building, suitable in size for the accommodation of one hundred patients. The doctor is unwilling to embark in this enterprise alone, or to burden the property with a debt, which might seriously interfere with the thorough efficiency and practical success of the enterprise.

In order to obtain the requisite amount of funds, and also to place the institution under the immediate control of the homœopathists of this State, the doctor proposes to organize a stock company, with a capital of $50,000, or $75,000, as the case may be, to be conducted by a board of trustees, the doctor intending to retain a sufficient amount of stock as an equivalent for the property.

With this purpose in view, he has secured for the company all requisite legal authority. The trustees named in the charter have organized by the election of officers and the adoption of a code of by-laws. All the preliminary steps having been taken; the doctor now appeals to the homœopathic profession, and their wealthy lay adherents. He wishes to obtain donations outright, or subscriptions of stock, to the amount of at least $30,000, and would be glad to increase it to $50,000.

The location has many desirable and highly important features; among them, especial prominence may be given to the extent and fertility of the grounds; the retired situation; the salubrity of the high mountain air; the purity of the water; the diversified and beautiful scenery; and the ready access by railroad;* all combined to render the location one of the most desirable to be found in the State.

That such an institution is imperatively demanded by the homœopathic school, there can be no question, and that it would be well supported, there can be no reasonable doubt.

Dr. Doty has received numerous letters of inquiry from residents of this and adjacent States, all of which express an interest in the success of the institution, and a willingness to promote its establishment to the extent of their ability.

The trustees reside in the immediate vicinity of the retreat. They are gentlemen of probity and ability. They earnestly desire to establish a first class institution, and make it complete in all its appointments. They desire, moreover, to act in entire harmony with the purposes and interests of the homœopathic school.

In order the more fully to give their plans practical effect, they have

* The Rondout and Oswego railroad, which crosses the farm, will be open for the passage of daily trains before spring.

appointed a board of medical council, consisting of physicians of acknowledged ability, and have placed in their care the entire supervision of all important matters pertaining to the management of the medical department, especially the appointment of the superintendent and his assistants. The charter also places the permanent control of the retreat in the care of the homœopathic profession, by requiring the stockholders to annually elect the trustees, and prohibiting the transfer of stock except by their consent.

The homœopathists of America have not only an opportunity to aid in establishing the first homœopathic insane asylum, but also the privilege of encouraging an enterprise which, if liberally supported, will prove of immense advantage to their own system of practice, by demonstrating its superiority in the treatment of a class of diseases which, with few exceptions, have been given over to the care of allopathic opponents.

The allopathic treatment of insanity has so slight a scientific basis that it scarcely deserves the name. Far better would it have been for many a poor, demented sufferer had the stimulants, tonics and narcotics of the old school been entirely discarded.

Let us not, then, allow this auspicious opportunity to pass unimproved. Let us each contribute our quota toward its support, and also endeavor to exert an influence in behalf of this worthy object. The trustees hope that every member of the homœopathic medical profession will promptly subscribe to one or more shares of fifty dollars each, and also solicit their wealthy patrons to subscribe to the stock or contribute to the funds of the institution, in sums of not less than ten dollars.

Subscriptions or donations, with the names and addresses of the donors, should be forwarded with as little delay as possible to either of the members of the board of medical council.

(During the month of September, 1869, Dr. H. Doty obtained subscriptions of stock to the amount of nearly $3,000. The further prosecution of the canvass was then suspended on account of his inability to engage personally in the work; and, also, on account of the probability that more liberal offers of land and appropriate buildings would be granted by parties residing in places more readily accessible by railroad.)—[*Rec. Sec'y.*]

ARTICLE XXXI.

Report of the organization of an Insane Asylum at Middletown, Orange county N. Y. By George F. Foote, M. D.

A. CIRCULAR ISSUED DECEMBER 1, 1869.
B. STATEMENT BY DR. F. W. SEWARD, OF MIDDLETOWN.
C. RESOLUTIONS OF APPROVAL.

A.

CIRCULAR ISSUED DECEMBER 1, 1869. BY GEORGE F. FOOTE, M. D.

The homœopathic practice of medicine in this country alone now numbers over 5,000 physicians, while its recipients and believers are numbered by many hundreds of thousands. These are from the most intelligent and respectable portion of the community; people of good sense, good judgment, in every way competent to distinguish between right and wrong. They represent all professions, trades and arts, and their numbers are increasing at a ratio that is in harmony with the progressive age we live in, affording abundant evidence that this great system of medical reform is one of the powers that promote the happiness and well-being of mankind.

We have colleges for the instruction of those who aspire to the healing art; we have dispensaries and hospitals where the unfortunate sick may receive proper medical attention; but we have no asylum where the sick insane can receive the blessings of homœopathic treatment.

This is a startling fact, in view of daily calls from all parts of the country for our aid in this direction, and even in view of the danger that besets our friends, our families, and our own persons, liable as we all are to become victims to this terrible scourge, which may at any time drop into the domestic circle leaving a direful wake of desolation and heart-rending misery.

The time has come for action; the call is imperative, and we cannot longer fold our hands, and, Micawber like, "wait for something to turn up;" wait for somebody else to do this work. We must bring this matter home to our own doors and stand face to face with

the facts; and they are facts which, when duly reflected upon, are startling in the extreme.

Is it not an alarming reflection that any member of our households, a bosom companion, or our children, if attacked with this disease, must be hurried off to an asylum where the allopathic treatment reigns supreme; where we and our friends cannot, in any particular, be advisory as to the administration of remedies, or even to visit them in person? Is it not alarming, when we reflect that there is no retreat, no home, where, if necessity requires, they can be sent and receive that benign treatment our long experience has taught us is so efficacious in curing the sick mind as well as the sick body; nothing but allopathy for ourselves and our dearest friends, when the worst of all calamities in the shape of disease shall beset us or them?

We may continue our daily rounds and pursue our vocations with commendable zeal; we may gather into our garners the goods of this life, and even say to our souls: "Take thine ease, eat, drink and be merry." But we are in danger; the storm king may be howling in the distant horizon, and the deluge may come with terrific fury and engulf us in a fearful flood, bringing desolation and sorrow when we least expect it.

These are serious thoughts that it behooves us to dwell upon. We are personally interested, and the prospective possibilities demand a preparation, while the pressing calls of those now suffering, demand *immediate* action.

The subject is momentous and we must be up and doing; we must work until we have an abiding place for our insane, where we can pour on the oil and wine; where we can say to our suffering friends: "Come and be healed."

We must talk about it in our homes, in our offices, upon the street corners and among our patrons. We must give from our own stores, and gather from the overflowing coffers of our friends. And if we all labor with a heart and will, we shall soon see our efforts crowned with success and the desire of our hearts gratified, while the rewards due to a good action shall tell upon our lives, and "our children shall rise up and call us blessed."

To secure success in any enterprise, those engaged in it must become conversant with the business in hand. They must know their wants and the means to secure the ends sought. They must profit by past experience and be able to anticipate probable results.

It is also equally important in this great work, from which we anticipate so much good professionally and socially, that we carefully canvass the matter.

And first, what do we want? The answer is, the best asylum for the insane that the ingenuity of man, duly enlightened by all past experience, can devise. The best designs for buildings combining all modern improvements, with the best system of ventilation and warming, the most appropriate furniture, and the best and most humane system of management, where all things combine to give a home-like appearance, where a mild and proper restraint can be enforced without the horrors of bars and prison discipline, and where all this can be combined with an intelligent administration of hygienic measures and homœopathic medicines, so mild, so efficacious, so certain in their results. Where we can demonstrate to the world that for this disease, as well as for other sufferings, we hold in our hands, through Divine aid, the balance of medical power; and where we can add to the charities of this progressive age, a new blessing pregnant with the good of life, and at the same time establish a new era in the progressive uses of our much loved profession.

Having established our wants, how shall we obtain the end? And this must lead us to the inquiry as to what has already been done, and what is now being done for the unfortunate insane thoughout the world?

Within the past few years great changes have been wrought in their management. Comfortable quarters and pleasant homes take the place of crowded jails and prison cells; mild measures and persuasive means take the place of cruel stripes and galling chains; while a wholesome diet and the best hygienic treatment are substituted for a prisoner's fare, and the loathsome exhalations of a felon's dungeon.

And while everything is being done that shall conduce to the comfort of the patients, and while the best, most kind-hearted and worthy men are selected as superintending physicians, yet in all the institutions throughout the world, up to the present time, the medical management is allopathic. The treatment consists in supporting the body with a wholesome diet and hygienic surroundings, and abiding the event of time. In other words it is expectant. They give but little medicine to reach the conditions of the mind, for the reason that they look upon these as adjuncts of debility that requires no special medication; a striking contrast to the homœo-

pathic law of cure which accepts the conditions of the mind as expression of the disease, the symptoms of which condition form a prominent guide to the selection of the remedy.

Other questions arise that concern us at this stage of the proceedings, viz.: What plans of organization have been found most desirable, and best adapted to our wants?

These are important questions and must be answered before our plan of operations is matured.

Both in this country and in Europe there are three modes of establishing such institutions:

1st. As public charities, under the direction and support of the State, county, or city, free to all who are not able to pay, as the Utica and Blackwell Island asylums.

They receive some paying patients who, with reason, complain of the over crowded conditions, and the unpleasant associations incident to pauperism.

2d. As private asylums, of which there are but two in this country; one at Flushing, under the management of Dr. Barstow, and the other at Canandaigua, under the management of Dr. Cook. These in no sense can be termed charities. They are individual enterprises, created with a view to money-making, like the various water cures and private hospitals. The objections to these may be found in the fact that they are necessarily expensive. The patient must pay, in addition to the outlay, for medical supervision, attendants, living, etc., a per cent on the cost of the ground and buildings, with a profit to the owners. This places it above the reach of a large proportion of our worthy and most respectable inhabitants who have but moderate means.*. And again, the number being necessarily limited, the patients cannot be classified according to their mental conditions. Whereas with larger associations the sexes are each arranged into six or eight divisions, with separate apartments. And finally they are not under the supervision of a board of trustees to watch over the general interests of the patients. There is no appeal from the superintending physician, who is a participant in the profits.

* Average cost per week in different asylums for each patient, for 1869, the charges for each varying according to the attention required:

McLean asylum, near Boston, (about)	$16 00
Bloomingdale asylum, New York, (about)	12 00
Pennsylvania hospital for the Insane, Philadelphia	8 72
Blackwell Island asylum, New York (pauper), 1,200 patients, with room intended for only 600, (including clothing)	2 34

At Flushing (private) charges are from $65 to $55.

3d. As a close corporation; an intermediate between the two former, like the Bloomingdale asylum, New York; the Retreat for the Insane, at Hartford, Conn., and the McLean asylum, at Summerville, near Boston.

These are founded on private charity and endowments. The lands are obtained and the buildings erected and furnished by contributions for this object; but the current expenses are paid by the patients, each in proportion to the rooms occupied and the attention given. The superintending physician and officers are all salaried, and have no pecuniary interest beyond this. It is under the direction of a board of trustees, selected from well known and most trustworthy citizens, who control the management and keep a general supervision of its operations. They stand between the public and the officers, listen to complaints and correct abuses. The advantages are:

1st. It is a large charity without the stigma of pauperism.

2d. It is self-supporting.

3d. It is accessible to a large class of respectable citizens, who are able and willing to pay current expenses, but are not able to pay extravagant prices. At the same time it is equally available to the more wealthy who can receive the attention, and be accommodated with quarters commensurate with their ability to pay. It is, to all intents and purposes, a respectable charity, where the occupants and their friends feel they are rendering a *quid pro quo.*

4th. It being a close corporation the board of trustees, or governors, who are chosen for life, fill all vacancies occurring in their number, thus placing it above political influence, while the managing power acquires experience and a paternal interest and devotion attained only through time and continued application.

It has been proposed to raise the funds to build an asylum by issuing stocks with a promise of dividends; but any business man will readily see that this must result in a failure. No one wishing to make investments with a sure return of profits would venture upon such expectation, knowing that in justice to the patients all the surplus, above current expenditures, should be applied in improving their condition by beautifying their surroundings, contributing to their amusements, and in every way adding to their comforts, so as to make the time pass as pleasantly as their mental state will admit.

But few persons would care to speculate out of the unfortunate insane, while all are interested in providing them a pleasant retreat

with home-like comforts and good medical attendance. A stock organization precludes all hopes of donations or endowments, as well as any aid from the State.

Having visited the different asylums and witnessed their workings, having been in consultation with their governors and superintendents, who have generously aided in these investigations, I am of opinion that the best form of organization is that of a close corporation above described, like the Bloomingdale asylum.

In addition to the reasons given above in favor of this plan, I will add that by adopting it we can safely rely upon aid from the State. Bloomingdale received $10,000 a year for a number of years, until by donations and advance of real estate they were placed above this want.

In this charity, as in most others, we have been deprived of our rights to participate in legislative disbursements. Heretofore all private as well as public donations have been given to asylums placed under allopathic supervision. This has been an injustice to us, and an injustice to the friends of homœopathy.

Knowing, as we do, that this disease would be far less formidable, its duration greatly shortened, and the number of incurable cases materially lessened by homœopathic treatment, we have a right to demand that a public asylum should be set apart to our management, where we can extend its blessings to a large class of patients desiring it, and where we can show to the world its superior advantages.

A strong appeal to the friends of homœopathy, with the facts duly presented, will result in substantial aid. It has been given for other charities, and it will be given again for this. Homœopathists have contributed largely to allopathic charities, and homœopathists will contribute to a homœopathic charity. Let every one, then, put his shoulder to the wheel and personally feel that success depends upon action, and in the end we shall see an asylum that will be a lasting monument in proof of the law *similia similibus curantur.*

EXTRACT FROM A LETTER OF DR. G. F. FOOTE, TO DR. H. M. PAINE, DECEMBER 19, 1869.

"I have five thousand dollars already subscribed in Buffalo, with every prospect of increasing it to ten thousand. This, I think, is a good beginning, and is a pretty good criterion by which to calculate

on obtaining a sufficient sum, in this State, to furnish suitable buildings for an asylum.

"I shall canvass the city of New York after the 1st of January. As soon as a suitable location is found, I shall have a blank form of subscription, and a description of the plans of the buildings and grounds, with illustrations, prepared and furnished to the homœopathic profession in the State."

FORM OF SUBSCRIPTION TO THE INSANE ASYLUM AT MIDDLETOWN, ORANGE COUNTY, N. Y.

For the purpose of establishing an asylum for the insane, where the treatment shall be homœopathic,

We, the undersigned, hereby subscribe and agree to pay the sums set opposite our names; said sums to be paid in installments of twenty-five per cent, subject to the call of a board of trustees, which shall hereafter be elected by the subscribers, at a meeting called for that purpose by George F. Foote, M. D., of which meeting each subscriber of fifty dollars or more shall be duly notified, personally or by mail.

Each subscription of fifty dollars shall entitle the donor to one vote in the said election of trustees.

Date.	Name.	Residence.	Remarks.	Amount.

EXTRACTS FROM A LETTER BY DR. F. W. SEWARD, DATED DECEMBER 6.

"I am acting in this matter simply as a citizen of Middletown. As yet I cannot determine, with certainty, what will be accomplished by the citizens of Middletown, but I can state that our most enterprising and worthy men assure me that a liberal donation will be made. The sum of fifty thousand dollars has been mentioned. We propose to call attention to the subject in our local papers, and, in the course of three or four weeks, call a public meeting for the purpose of ascertaining the views of the citizens with regard to the enterprise.

B.

Statement by Dr. F. W. Seward, of Middletown, Orange Co.

From the Middletown Press, November 24th, 1869.

An Asylum for the Insane—Shall we Secure its Location in Middletown?—We commend to the favorable consideration of our citizens the subject matter of the following letter, placed in our hands by Dr. F. W. Seward. We believe that no more favorable location in all respects than Middletown could be selected anywhere in this State for the proposed asylum. That it would be of immense advantage to the various business of our village, if the location of this institution could be secured for this place, there can be no doubt. At all events, it is certainly worth an effort on the part of our citizens to try and induce those having the matter in charge to come here and weigh the advantages offered by our place before they shall decide to fix upon some other locality. We trust that the same liberal spirit with which our people are wont to take hold of every public enterprise will govern them in this, and that every encouragement will be placed in the way of the committee to whom the selection of a site for the asylum has been intrusted. The subject is important and well worthy the attention of our people:

278 Pearl Street, Buffalo, *Nov. 22d*, 1869.

Dear Doctor,—I am a member of a committee to select a suitable site for an asylum, where the insane can receive homœopathic treatment. Your beautiful town I have often noticed as I passed. Being located near New York, it is a good point for an asylum. Are there any fine farms in the immediate vicinity that could be obtained for this purpose? Would your citizens liberally aid the enterprise if we should decide on locating there? We intend to build an asylum of suitable dimensions to accommodate 200 patients. To sustain such an institution would involve a yearly expenditure of $75,000. Your business men can well afford to be liberal in view of the prospect of such a trade. Please advise me by return mail.

Truly yours,
GEO. F. FOOTE.

Middletown, *Nov. 24th*, 1869.

To the Editor of the Press:

Sir.—I received the letter written by Dr. Foote yesterday. I feel it my duty to place this matter before the people of Middletown in

order that prompt action, if any, be taken. Margrettsville was the place first selected, and I had supposed the buildings in course of erection there. I have written Dr. Foote asking more definite statements as regard amount of help desired and quantity and quality of land needed. Any information obtained will be cheerfully given to such as may interest themselves in the matter.

Yours,

F. W. SEWARD, M. D.

From the Middletown Press, December 17, 1869.

We presented in The Press two weeks ago the letters of Drs. F. W. Seward and Geo. F. Foote, in relation to the location of a proposed asylum for the insane. The matter has since attracted considerable attention, and caused many inquiries by the people of this vicinity, who have become interested in the matter. In addition to the letters heretofore given, above alluded to, we this week lay before the people of this locality another letter from Dr. Foote, giving further information concerning the proposed institution, and further details of what will be required from us in order to secure it. We also present some figures showing the amount of expenditures required to keep such an institution running, from which we can calculate the immense advantages other business interests would derive from its location in our midst, to say nothing of the fame it would give our village abroad.

The yearly disbursements for it will amount to tens of thousands of dollars, besides attracting many visitors. A noble edifice for such a charity would be an ornament to any town, all of which will tend to increase the population and the value of real estate.

The question for our citizens to solve is, can we afford to lose the opportunity of locating such an acquisition to our prospective future? Can we afford to lose the business advantages growing out of it, to say nothing of the credit of such a noble institution among us. The city of Buffalo could afford to give $45,000 to have a State asylum located there; Poughkeepsie was equally liberal to secure a similar institution there. How much can we do? This matter requires prompt action, as the ball is rolling, and other towns are alive to this subject.

We learn that Dr. Foote, the agent in this matter, will soon visit us with a view to seek out the best location and ascertain what inducement we can offer in aid of the enterprise. We cannot doubt

that the people of Middletown will act in this matter with unusual sagacity, liberality and public spirit.

Expenditures for 1868 in the male department of the asylum at Philadelphia; average number of patients 170:

Salaries and wages	$19,350 81
Household expenses, provisions, &c.	35,487 61
Furniture	6,965 26
Lights	1,445 33
Fuel	7,259 01
Garden grounds, live stock and carriages	919 37
Grain and feed for stock	656 36
Repairs and improvements	3,440 85
Medicines	742 26
Amusement of patients	294 33
Stationery and printing	468 72
Library	44 46
Miscellaneous	286 80
Total	$77,361 18

BUFFALO, *Nov.* 25, 1869.

F. W. SEWARD, M. D.:

DEAR SIR.—Your prompt letter is before me, savoring of business that quite suits me. It is the same spirit which, when fairly aroused, will give us one of the best appointed asylums in the world. We want from 100 to 150 acres of good arable land, when, in addition to what is needed for buildings and a park, there shall be enough to give our patients employment in tilling the ground. If there was a good substantial edifice upon it that could be used temporarily, or as an adjunct to more substantial buildings, all the better.

The plan of organization I propose is a close corporation, where the trustees are elected by the contributors, from our most worthy citizens for life, who fill all vacancies that may occur in their number; thus placing it above political influences. The grounds are given and the buildings erected, completed and furnished, by donations and legislative aid. The patients pay the current expenses by a charge to each commensurate with the rooms occupied and the attention given. It thus becomes a respectable charity, placed above the stigma of pauperism, where the patients and their friends feel that they are giving a *quid pro quo.*

It is very desirable that everything about the premises partake of the beautiful, where a wholesome restraint can be exercised without

the aid of bars or prison discipline, where a home-like influence pervades everything, and where numerous resources are available, to interest and occupy the attention and time of the patients. It does not matter much whether in or outside of the corporation, so that it is accessible, and has a pleasant location, with an abundance of water. As to the amount of help we need, financially, we will take all we can get, in addition to the grounds. The subject matter has been laid before other corporations; those offering the best inducements, together with a healthy location, will get the asylum.

It is desirable to secure a situation in the southern portion of the State, on the line of the Erie railway, and near to New York, as there are four on the line of the Central, one at Poughkeepsie, one at Utica, one at Canandaigua, and one here in Buffalo. It is also desirable to decide upon the location at an early date, as it then becomes a nucleus for future operations. I shall try and visit you at an early date. In the meantime keep the ball in motion. Hoping to hear from you again soon, I am as ever, truly yours,

GEO. F. FOOTE.

Extract from the New York Sun, December 10, 1869.

"Efforts are making to establish in this State an asylum where the insane can be treated according to the homœopathic system of medicine. At present, all insane asylums, whether public or private, are under allopathic management, and homœopathists are anxious to try their hand. At a recent meeting of the New York County Homœopathic Medical Society, the subject came up for consideration, and resolutions were passed recommending to the favorable notice of the believers in homœopathy a project formed by Dr. George F. Foote for establishing as a private charity an asylum of the kind called for. We can sincerely unite in the recommendation of both the project and its promoter, and trust that the latter may meet with a cordial reception from all the homœopathic readers of the *Sun*, when he comes to solicit their subscriptions."

From a Buffalo paper, December 20, 1869.

"We learn that our citizens are subscribing liberally to the proposed insane asylum. Mr. Henry Tanner made a generous donation yesterday on a bill of lumber amounting in theaggregate to over $3,000. This is a noteworthy example in a good cause. We

trust others will do likewise. Every one should bear in mind that this is the first call for aid of this kind. Our homœopathic friends have ever been liberal in their donations to the various charities under allopathic control. Let this be reciprocated with a generous hand. Dr. Foote will call in person and explain the plans."

From the Orange County Press, December 24, 1869.

"We present this week another letter from Dr. Foote, the agent who is canvassing for the proposed insane asylum. This subject is attracting considerable attention, and causing many inquiries. We think that, after reading the array of figures we presented last week, setting forth the expenditures required to keep such an institution running, and the consequent advantages arising therefrom to the place where it is established, no one will deny that it is worth an effort to secure its location in our midst. If the people of Middletown wish to reap these several advantages, it is important and necessary that they act at once. Dr. Foote will be here soon, prepared to meet our people, and explain the objects and plan of this great charitable undertaking more fully than we have been able to set forth in these columns. If there be indifference shown toward it by our citizens, probably we shall get the go by, and some more fortunate locality secure the benefits of the asylum. But if we take hold of the matter in the same liberal spirit that has usually characterized our village, there is no doubt we can have the asylum, with all its attendant advantages to the business interests and reputation of our town.

Letter of Dr. Foote.

Buffalo, *December* 18, 1869.

"Dr. F. W. Seward—Dear Sir.—I intended to have been with you this week. But I am effecting so good a work here with my subscription, that I think it profitable to work on this ground while there is so much interest felt in the cause. I received, day before yesterday, one donation, in lumber, which, in the aggregate, will amount to over $3,000. I have reason to anticipate at least $10,000 from Buffalo alone. When this matter is understood, I find the people give cheerfully. If every other town in the State will do as well in proportion, we shall easily raise the $300,000, which will complete the buildings I have planned out.

"If we can do this independent of the State, it will place our institution on the high road to success as the first and leading asylum of the kind in the world.

"The cause is a good one, demanding our united energies. Based as it is upon the higher plain of charity, good will to mankind, love to our neighbor, with a warm sympathy for the afflicted, and with a firm reliance upon Providence, we shall succeed. Our cause is a just one; we must succeed.

"Onward! is our motto. Onward to the end, with diligence and perseverance, and Providence, who rules all for the best, will mete out to us our due rewards."

GEORGE F. FOOTE, M. D.

From the Orange County Press, January 7, 1870.

Doctor Foote is now here, and has visited the several localities near to our village offered as sites for an asylum, some of which he pronounces as possessing superior advantages. The only question now remaining to be settled is, can a sufficient amount be raised to meet the demands required of us to secure the asylum here? Other towns along the line of the Erie railway are bidding for it. The highest as yet, that we hear of, is $45,000. We are informed by Dr. Foote, that owing to the superior advantages of location, contiguity to New York, abundance of water and salubrity, we can have the preference if we raise $50,000. A subscription to this amount by our citizens will settle this question, without further delay. But this requires prompt action. Dr. Foote addressed a meeting at Empire Hall, called for this purpose, last evening, at which the matter was fully discussed with its *pros* and *cons*. As we go to press on Thursday evening, we are unable this week, to give a report of the proceedings of the meeting. We trust there was a good attendance, and much interest manifested in the project, and that every one present was made to feel that we cannot afford to lose this offer.

A disbursement of $300,000 or $400,000 in erecting buildings, and preparing the grounds, together with a yearly distribution of $100,000 among our towns people to meet current expenses, is of great importance, and must be secured. And when we add to this the income from transient visitors, the reputation gained by having such an institution among us, the increase of population it will bring us, and the necessary increase of real estate among us, surely it will

be casting our bread upon the waters with a quick and manifold return.

"Let every one bear in mind that the moneys donated to raise this $50,000 are to be disbursed among us. It is simply changing hands for a great and good purpose. No one is to be made poorer for it, but all will feel its beneficial influence.

From the Orange County Press, January 14, 1870.

"The all engrossing subject of the location of the proposed insane asylum is the excitement of the day in Middletown, and is occupying the minds and thoughts of all classes of our citizens. We have had excitements upon railroad matters, upon schools, upon water works and sewerage, and upon various other important matters pertaining to the good and welfare of our village; but none of these have aroused the attention of our people to a greater degree, than this subject presented by Dr. Foote, whose magnetic influence is appealing with a strong and irresistible force to the sympathies, and the pockets of all.

"At short notice, a large audience of sane persons of both sexes, assembled at Empire Hall, on Thursday evening of last week, to hear the claims of the proposed asylum presented by the agent, Dr. Foote, and to take such action as might seem desirable toward securing the location of this humane and philanthropic institution in our midst. The meeting was organized by the election of the following officers, viz.: Mr. E. P. Wheeler, Chairman; James N. Pronk, Esq., and Mr. H. H. Hunt, Vice-Presidents; and W. B. Royce, Esq., Secretary.

"On taking the chair, Mr. Wheeler tersely stated the object of the meeting; spoke of the immense advantage to our village that would be derived from the location of such an institution here, the large amount of money required to keep it running, a good portion of which would be spent with our merchants and business men; said that our mechanics, laborers, tradesmen, hotel keepers, and in fact every business interest of our village, would be profited by it, directly or indirectly; he showed that every owner of real estate, every owner of a house or lot, would be especially benefited by the enhanced value of such property; he mentioned that other towns were competing for the location of the asylum, and asked, 'shall we have it in Middletown?' The chairman closed by urging our citizens to subscribe liberally toward this important object. Dr. Foote was then introduced, and held the close attention of his audience for an

hour, all becoming greatly interested, while listening to revelations that were deeply emotional. The feelings pervading all, were that we, the people of Middletown, must rise up in our might, put our shoulder to the wheel, and do something to better the condition of the suffering insane. Following is a synopsis of

DR. FOOTE'S ADDRESS.

MR. PRESIDENT, LADIES AND GENTLEMEN:—I come before you this evening as the representative of the homœopathic profession of medicine of the city and State of New York, and of the United States. The object of this visit, as has been explained to you by the president, and through the papers, is to select a location for an insane asylum, designed to be under the especial management of a board of trustees known to be in full sympathy with the cause of homœopathy; and where the receivers of this system of practice can send their insane friends, and have them under the medical advisement of a competent homœopathic physician, aided by all the hygienic influences that a well organized asylum alone can bring to bear.

This system of medical practice has now become an established fact; and, although we do not claim for it an ancestral origin, dating back to the darker ages, we do claim that its physicians are numbered by many thousands, and that its recipients are numbered by many hundreds of thousands and millions, who are found among the most intelligent and respectable citizens of our country.

In view of this fact, and in view of the fact that we are shut out, as a profession, from the disbursements of all governmental patronage; that in all the public charities, in which this State has been so liberal, and to sustain which we have been so liberally taxed, we are in no way represented, we feel called upon in behalf of the cause we advocate; in behalf of our friends, of ourselves, and particularly in behalf of the suffering insane, who are daily appealing for our aid, to come before the people, claiming our rights to be represented in this matter. We come with the assurance that our mission is a good one, backed up by irresistible arguments, sustained by an overwhelming array of facts, and ask for substantial aid in organizing and building an asylum that shall be independent of State patronage; towering above political influences, and that shall be an honor to the country and a blessing to mankind.

In this, our appeal to the citizens of Middletown, and to all interested, we make no distinction between those who are the immediate

recipients of homœopathy, and those who are not. We have all given generously to charities under allopathic supervision; and we now claim, as our right, that our benevolence should be reciprocated. In this good work we have no bone of contention with our allopathic brethren. The profession of medicine is an honorable calling. Its devotees are self-sacrificing, hard working men, who, with their lives in their hands, by day and by night, are exposed to all dangers; to pestilence and disease, to the storms of wind and weather, and to heat and cold, in their zeal to alleviate human suffering. Respect then your physician, be he homœopathic or allopathic, and place him in your own hearts as the nearest friend of the household. Outside of which, let him be second to none in your confidence, second to none in your friendship.

The Asylums in our State and the Number of Inmates.—In the State of New York there are now seven asylums, in full operation, all crowded to excess; in all of which near 5,000 patients have been under treatment during the past year. If we add to this, those that have been sent out of the State, for the want of room, and those under private management, say 2,500, together with 2,500 incurables, waiting death in the poor houses, it swells the number of insane in this State alone to about 10,000.

Insanity on the Increase.—This fearful disease is greatly on the increase, both in Europe and in this country. In England alone, statistics show that the increase for fourteen years has been 1,000 annually. In Ireland it is proportionately greater. France in 1835, had but 10,500 insane, while in 1851 they numbered 30,200, and at this ratio of increase, they must number some 40,000 at the present time. The suicides which are often the result of temporary insanity, were for five years, preceding 1855, annually 1,739, while in 1866 they were 5,119. This shows an increase of 148 per cent while the population had increased only twenty per cent.

We have not the statistics to show the relative progression of insanity in this country; but the rapid filling up of all the asylums, as fast as they are built, together with their overcrowded conditions at the present time, are evidences that if we had the comparative records, they would show a fearful yearly increase of this disease among us.

The Proportion Cured.—As to the success in curing this affection in the present asylums under allopathic treatment, the various reports show that on an average of those admitted, one-third only are cured, from a quarter to a third die, and the rest become permanently insane.

(Here Dr. Foote read the statistics as reported from the different asylums in evidence of the above statement.) He also read the following extracts from a report of the Pennsylvania hospital for the insane, showing the occupation of those admitted for treatment, and the causes of insanity: Of 2,815 male patients, 366 were farmers; 274 were merchants; 231 were clerks; 215 were laborers; 50 were machinists; 54 were physicians; 29 were clergymen; 89 were shoemakers; 40 were sailors; 42 were teachers; 29 were printers; 89 were carpenters; 24 were tobacconists; 283 had no occupation. Of 2,500 females, 240 were seamstresses; 255 were domestics; 120 were daughters of farmers; 203 were wives of farmers; 48 were widows of farmers; 141 were daughters of merchants; 158 were wives of merchants; 45 were widows of merchants; 18 were daughters of clergymen; 22 wives of clergymen; 4 were widows of clergymen; 18 daughters of laborers; 144 were wives of laborers; 34 were widows of laborers; 12 were daughters of physicians; 15 were wives of physicians; 18 were widows of physicians; 16 were daughters of lawyers; 31 were wives of lawyers; 4 were widows of lawyers. Of 5,315 patients, 2,470 were single; 2,399 were married; 321 were widows; 125 were widowers.

Cause of Insanity.—Of 5,000 patients, 932 were caused by ill health; 389 by intemperance; 175 by loss of property; 106 by domestic trouble; 271 by loss of friends; 36 by fright; 19 by use of opium; 166 by religious excitement; 338 by mental excitement; 39 by want of employment; 72 by self-abuse; 73 by disappointment in love; 6 by home sickness; 7 by the use of tobacco.

The Condition of the Insane, with the provisions made for their comfort, varies in different asylums. Those best regulated, especially those under the control of a close corporation, like the one we propose establishing among you, are surrounded with all the comforts of a quiet home. Everything that is calculated to irritate or annoy them is studiously avoided. The utmost kindness, with firmness, is exercised toward them. Various employments and simple amusements are devised to occupy and divert the mind. And as much as possible, they are made to feel that they are still responsible beings, subject to rules and regulations intended for their happiness.

In the State and city asylums, politics interferes more or less with the good and welfare; as does their

Overcrowded Conditions.—The New York city asylum has 1,400, occupying rooms originally intended only for 600. Two hundred of

them are shut up nightly in the workhouse cells. This mass of human beings so crowded upon each other, prevents a proper classification according to mental states. Hence the mild and inoffensive are often mixed with the turbulent and noisy, the refractory and violent. These in turn are irritated, the mass becomes leavened, and perfect bedlamites are made of the whole. Of course this state of things greatly retard the chances of cure.

The Insane in our County Poor House.—But the most deplorable are to be found in county poor houses throughout the State. In each of which are numbers varying from ten to 140 of the insane. These are incurables which have been returned from the State asylums to linger out a most miserable existence in dark, foul and filthy dungeons, waiting for death.

A Horrid Picture.—Let me draw a picture of what I recently saw at a county poor house. Ten human beings, or rather what remained of human beings, bearing the impress of their maker, males and females, were shut up in dismal cells, under locks and bolts. No light, no heat, no air could enter here, except through the interstices between the iron bars of a grated door. In these cells were no furniture, no seats, no beds, not even a pallet of straw. Nothing but naked walls and floor, and these were covered and besmeared with human excrements. So unclean was the very hall in front of these cells, so filthly was it that after our inspection, we were obliged to clean our feet in the yard before entering other parts of the building. The stench arising from this "department for the insane," was almost suffocating. In this foul and dismal dungeon, this infernal hell for physical and mental torture, we found ten men and women, each in separate cells, with nothing but a single blanket to cover their nakedness, crouched in dark corners, shivering with the cold, surrounded with filth, with none to sympathize, waiting for death to take them to a better home, and relieve the county of their scanty support. Some of these were no common people. One man with his fine forehead and well formed contour, showed him to have been a person of more than ordinary culture. His connections I learned were "highly respectable." Another, a woman with a countenance expressing all the possibilities of having belonged to the best circles of society; a loving wife, a fond mother, and a christian woman; shut up in this black hole, because, perhaps, some inhuman brute had by cruelty driven her to a state of exasperation that dethroned the intellect, and *made her mad;* and for the want of sympathizing

friends, she is condemned, thrust into this cage like a wild beast, forsaken and forgotten by the world. Her keeper told me that four years ago she struck him in the face a smart blow (perhaps to resent an imaginary or real insult). But said he, "Of course I returned the blow, and she fell like an ox." She was then dragged into this infernal hole, from which she has never been removed.

So we found them. Ten human beings wallowing in their filth, no water to wash with, no conveniences for the wants of nature, fed upon the coarsest fare, through a hole in the door, left, deserted, forsaken, waiting to die.

Such inhumanity to man is a disgrace to the country, a foul blot upon our escutcheon, a damnable wrong, that cries aloud for vengeance. Surely, an avenging power will bring a curse upon the people that suffer such a wrong to exist in their midst.

Where this state of things was found.—And now, fellow citizens, where think you I found this living picture of a hell on earth? I will tell you. I found it in a land flowing with milk and honey. I found it in a land that has no superior in its agricultural productions. A land famous for butter, for its celebrated horses and cattle, for its intellectual and business men, for its beautiful, accomplished and lovely women; a land whose inhabitants give liberally of their store in support of churches and Christian charities, and who are possessed of all the virtues that go to make a respectable society. I found it in the county of Orange, only seven miles from where we are now assembled, only three and a half miles from where a $120,000 church is being erected to the worship of the Supreme Being, the sound of whose bell may yet be heard by these suffering people.

This is what I saw in company with two of your leading citizens, who are present before you, in your own county, almost in your own midst. And none of you knew it, not one in a thousand throughout the county knows of its existence.

And this ladies, and gentlemen, is but a specimen of what exists in other counties throughout the State of New York,—the Excelsior State!

Report of the Commissioners of Public Charities.—"The result of these details," say the Commissioners of Public Charities (from a thorough inspection of nearly all the alms-houses in the State), "is that in some one or more of the counties there are these forms of abuse. The buildings are meagre, or greatly out of repair, with broken walls and floors, and badly arranged as to conveniences for

light and ventilation. There are cells for the confinement of the insane, sometimes in prison style, with heavy grated doors; again in the basement, with imperfect light; again in the form of dungeons, wholly dark, and without any furniture. The air of the rooms is close, and the stench intolerable. The cells are dirty, the beds torn in pieces, and the floor littered with straw and bits of clothing. Rats, at times, perform the duties of scavengers. Into these pest-houses the insane are crowded, associating with idiots, and paupers of sound mind, adults as well as children. The excitable and noisy may be found confined in the cells in chains, close neighbors to the inoffensive and quiet. Two of them may be locked up in a single cell. Among them are those who are filthy in habits; others are partially or entirely nude, females as well as males, and continuing in this condition for months and years."

To which Rev. Lyman Abbott adds:

"What Christian citizen can look upon this picture and read the denunciation of Christ without awe: 'I was an hungered, and ye gave me no meat; I was thirsty, and ye gave me no drink; I was a stranger, and ye took me not in; naked, and ye clothed me not; sick and in prison, and ye visited me not. * * Inasmuch as ye did it not to one of the least of these ye did it not to me?'"

Who were these Victims.—Where did all this army of unfortunates come from? Who fills the asylums, and who are found in this augean stable, technically termed the "insane department," of your county infirmary?

I will answer, those of your own household. No less than six from this town have been recently sent to asylums out of this State, because there was no abiding place within it. Others from among you are in our State asylums, and those very unfortunates that go to form the picture I have drawn you, are blood relations to some of you who now listen to me; highly respectable in their connections.

And as for those from among you who are now in the different State asylums awaiting the verdict that shall pronounce them "chronic cases," who are to be returned upon your hands as "incurables," the prospective future is fearful. The possibilities for each one of you who now listen to my sad tale is fearful.

What is the Remedy?—What can we do to wipe out this foul blot upon our good names, this stain upon our escutcheons? The answer is, more asylums! The State asylums, as now organized, have only room for curable patients. As soon then as the resident physician

pronounces a case incurable, say after six months or a year's treatment, they are returned to the counties from whence they came, and become inmates of the "insane departments" of the county poor houses.

We need more asylums to relieve this pressure, so that the chronic insane can find an abiding place where the surroundings will correspond to their necessities, and where the ever watchful care of a kind-hearted superintending physician will guard them against abuses of every kind.

The proposed Asylum.—We propose, then, to build an asylum upon some of the beautiful sites contiguous to your enterprising town. The construction of which, in accordance with the plans proposed for 200 patients, will involve an expenditure of about $400,000, after which about $100,000 will be disbursed annually to meet the current expenses.

Of the $400,000 for construction purposes, you are asked to give $50,000 and a free use of your water to secure its location here. This is but a small equivalent when viewed financially, for the advantages you are to gain by it. The buildings will be ample and imposing. The grounds will be laid out so as to form a beautiful park, with its drives, its walks, its fountains and fish ponds, its flower gardens, shade trees, and groves.

An Ornament to any Town.—The building of such an institution among you, will give great activity to business, enhance the value of real estate, benefiting both labor and capital.

The $50,000 is not to be taken away, but together with many other thousands will be disbursed here among you, so that financially, it is a good investment. And as a charity to the victims of insanity, an army of unfortunates, whose ranks are daily being recruited from among all classes, from among your personal friends, and even your own firesides, the call is a loud one, and must not go unheeded.

Dr. Foote here read the following letter from Dr. Dunham, of New York:

68 EAST 12TH STREET, NEW YORK,
January 4, 1870.

GEO. F. FOOTE, M. D. *Middletown, N. Y.:*

"MY DEAR DOCTOR.—Your favor of the 3d inst. was received this afternoon, with very gratifying intelligence of the success you have met with, in search of a suitable locality for an asylum, among a peo-

ple alive to the advantages of having such an institution in their town and willing to contribute something toward its establishment.

"I much regret that I cannot accede to your request, and be with you on Thursday evening. It is, however, absolutely impossible. Business I might, and would put aside, but I have other engagements which are imperative and prevent my leaving home.

"The facts, however, are simply these, and they need no varnish of rhetoric to set them off. The homœopathic physicians of the cities of New York and Brooklyn and suburbs are about 300 in number, perhaps more. They have all their hands full of business, and their patients belong to the wealthier and more cultivated classes of society. It is safe to say that one-half the taxes in these cities—at *least one-half*—is paid by those who have homœopathic practice in their families. Of course, among the patients of the homœopathic physicians there occur a fair proportion of cases of insanity, requiring special treatment in an asylum. Now, in the whole country, there is not one institution for the care of the insane in which homœopathic treatment is or would be allowed to be employed for patients. Homœopathic physicians, through this lack, are obliged to send their patients to allopathic institutions. They would gladly send them to one under homœopathic management. Considering now, that there is none such in the country, it is evident that should an institution of the kind be opened at Middletown, or in any such suitable locality, it would command the patronage and support of the homœopathic physicians not only of the State of New York, some eight hundred in number, but also of the whole country.

"Consider, moreover, that our patients belong to the wealthier classes of community, and could and would pay liberally for suitable accommodations. So much for the probabilities of patronage and support for the business aspect. The other view is this: The community needs a homœopathic institution for the insane, because under homœopathic treatment insanity is curable in a much larger proportion of cases, and in a much shorter time than under allopathic treatment.

"In conclusion, then, the institution in which you are interested is needed on philanthropic grounds, and would receive abundant patronage and support as a business enterprise. It would therefore be an advantage to whatever town it might be located in, and as Middletown seems to me very suitable, I cannot but hope that you will receive such encouragement as may induce you to fix it in that place."

Resolutions.—At the close of Dr. Foote's address M. D. Stivers offered the following preamble and resolutions, which were unanimously adopted:

Whereas, The overcrowded condition of the insane asylums, together with the deplorable treatment of the hopeless insane at the county poor houses throughout the State, is a source of great suffering and wholly inadequate to a proper hygienic treatment of those with mental affections and not in keeping with the spirit of this progressive age; and

Whereas, George F. Foote, M. D., in behalf of the profession and friends of homœopathy, is now visiting this section of the State with a view to select a proper site and locate an asylum for the insane, where the medical treatment shall be homœopathic; and

Whereas, We have listened with deep interest to the address from Dr. Foote upon the condition of the insane, and the wants of the profession, together with a recital of statistics relative thereto, examined his plans of a proposed asylum and listened to explanations thereof; now, therefore,

Resolved, That we are in full sympathy with Dr. Foote in this great and good work, and that we will aid with our best endeavors to perfect an organization and to construct an asylum upon the plans proposed by him.

Resolved, That Middletown, in view of its central position, its accessibility, its salubrious and healthy climate, its superior facilities for water and supplies in general, its fine sites and pleasant scenery is peculiarly adapted as a proper location for an asylum.

Resolved, That we cordially invite Dr. Foote, and through him the profession he represents, to select from our beautiful environs a suitable site and locate thereon the contemplated asylum.

Resolved, That in consideration of the great good contemplated, and of a compliance with the invitation above mentioned we will raise by subscription and donate to the general fund for constructing the same of $50,000.

Resolved, That the Water Commissioners are hereby requested to give a perpetual right to the free use of the Monhagen water to the said asylum.

The resolutions were seconded by Jirah I. Foote Esq., in a few neat and pertinent remarks.

Remarks of Mr. Foote.—He had, in conversation with many of our people, ladies and gentlemen, not only found none opposed to the enterprise, but almost without exception, all enthusiastically favorable to it. He was aware that Middletown had assumed voluntarily, some obligations, and engaged in enterprises involving taxation, and somewhat heavy taxation; but the holders of real estate and our business men had found their property and interests advancing in a far more rapid ratio than their taxes. But this enterprise

presented a phase for our consideration which was wholly wanting in other schemes that had engaged our attention. He referred to the moral and the religious aspect of the matter. He held it to be a sacred duty of every Christian man and woman to aid in every way to furnish what shall be truly an asylum to, and shall ameliorate the condition of, those almost hopeless and helpless of our fellow creatures whose sad case had been presented in such sorrowful and harrowing detail by Dr. Foote. For the pecuniary advantage to accrue to the village by the location of the asylum here, and in the discharge of a high religious obligation, he would most earnestly and heartily second the resolutions.

Remarks of Mr. Deming.—Mr. A. B. Deming very pointedly remarked that inasmuch as there had heretofore been considerable misunderstanding among our people in relation to the terms and conditions upon which they had aided some of our railroad projects, he thought that everything connected with this important undertaking should be fully understood before we go too far. He would, therefore, like to inquire in case the people of Middletown subscribed $50,000 for the proposed asylum, and some other locality should outbid us a few thousand dollars, whether, after all our excitement, fuss and trouble we would lose it?

Mr. Deming's remarks were greeted with marked applause.

Dr. Foote, in answer to the inquiry, replied that he had traveled over a considerable portion of the State with reference to the question of locating the asylum; that other places had offered strong inducements to secure it. He had been offered fine farms, and beautiful sites, but he had been so favorably impressed with the desirableness and superior advantages of Middletown as a point at which to locate the institution, he would here say that, by virtue of the authority delegated to him, *in case our citizens subscribed the $50,000 asked for, Middletown should have the asylum.* This unequivocal statement was received with applause.

Several of the clergy of the village being present, they were called upon for their views in relation to the asylum, and responded briefly, warmly sympathizing with the object, and urging our people to secure it, not only on pecuniary, but upon philanthropic, moral and religious grounds. We give brief but imperfect sketches of their remarks.

Remarks of Rev. Dr. Seward.—He regarded the movement, so far as it is a mere matter of business, affecting our material interests,

as chiefly in the hands of the business men of the place; and was glad to see that they are now, and always, alive to whatever might contribute to the growth and prosperity of Middletown.

But looking at the statement from another stand-point, he confessed that he was not only surprised, but humiliated and horrified by this revelation of facts concerning the number and condition of the insane. He had thought that much greater regard had been paid to their necessities. He had supposed, indeed, that the active benevolence of the age had about equalled the demand made in this direction, and now to be told that so many of this afflicted class were passed by with utter indifference; were even thrust out of sight and out of mind, instead of being cared for at all, wounded the pride of the nineteenth century, and pained the heart which had rested in the thought of advances made in all directions for good. It seemed to him that the revelations which had been made here this evening must appeal most strongly to every philanthropist and every Christian. If there are so many of these unfortunates; if their number is so constantly increasing; if they can be best treated in an asylum constituted and regulated with reference to their peculiar wants, and can be properly cared for only in such institutions, then, by all means, these asylums must be multiplied. It is a solemn duty to make such suitable provisions for them who are so helples and dependent.

He sincerely hoped the project would be prosecuted energetically, and carried to speedy consummation.

Remarks of Rev. Mr. Oakley.—Rev. J. G. Oakley, spoke substantially as follows:—I believe that I did promise, if necessary, to lend the doctor the aid of my voice. I don't know that I can profitably add anything to what has been said in favor of securing the location of the proposed asylum, but I will say that I am heartily in sympathy with this movement, and I do fully concur in what has been said this evening. I really hope that the enterprising people of Middletown will be wise enough to secure for this place the said asylum, even at a cost of $50,000. The business men and landholders of this place and vicinity, must know that the establishment of such an asylum in our midst would be a great advantage financially, as well as morally. We want to make the people see that it will pay in dollars and cents, for (I am sory to say) the way to the hearts and consciences of most men is through their pockets; it seems so at least.

I have lived in many different places, and have seen the results of accepting or rejecting such offers as are made to-night. I am acquainted with a village on the line of the Erie railroad, the inhabitants of which refuse to sell land to the company, which land they desired to purchase at a fair price, for the purpose of erecting shops, at the cost of nearly $1,000,000. The company finally located at Susquehanna, and already almost a city has been built on hill-tops, hill-sides, and in the hollows. In that place you have got to walk up and down stairs to get about the streets, yet it is a flourishing place, owing its growth and prosperity to the shops which the other village would not have. If a large insane asylum should be built here, costing from $300,000 to $400,000, many visitors would come from a distance to see it, and at the same time they would see, and perhaps desire to locate in this beautiful village. The asylum would be an advertisement for the village, sending its name far and wide, where it would not otherwise be known. Men of leisure and wealth coming in, would increase the business, and help to pay the taxes of the place. I tell you, my friends, you will not lose anything, not even money, by building churches and school houses, and erecting asylums for the unfortunate. Such institutions elevate the moral tone of a place, and benefit it in many ways. I hope you will secure the location of the asylum.

Remarks of Rev. Mr. Capron.—Rev. Mr. Capron spoke forcibly and pertinently of the great advantages that must accrue to the material interests of our growing and thriving village, could we secure the asylum here. He alluded to the city of Hartford, Conn., whose people had encouraged the location of similar institutions in their midst, which had added wonderfully to the growth and prosperity of their city, and given it a reputation for liberality and philanthrophy far and wide. He presented, in earnest words, the moral and religious duty of providing means for the amelioration of the condition of the insane. We regret that we have not a full report of the earnest and eloquent appeal of the speaker.

Rev. Mr. Harvey made some pleasant and pertinent remarks, showing the desirableness of having the asylum located here.

Remarks of Hon. H. R. Low.—Hon. H. R. Low was called out, and briefly responded, earnestly urging the people of Middletown to subscribe liberally toward this important undertaking, which, with our public works and schools, our railroads, present and prospective, and our great manufacturing establishments would spread our fame

abroad, and soon make this one of the largest and most important towns in the southern tier. Secure the location here, of this great institution, which would be both an ornament to the town, and a great addition to its business, and it will become a nucleus around which other public institutions will center.

Remarks of Hon. E. M. Madden.—Hon. E. M. Madden, who was one of the Commissioners appointed by the Governor, to locate the asylum for the insane, which is now building at Poughkeepsie, was called upon, and gave a brief history of the labors of the Board of which he was a member, showing the strong interest manifested by different localities to secure that institution. Orange county, through its board of supervisors, voted an appropriation of $35,000 toward it, provided it was located, as proposed, near Newburgh, in this county. But Poughkeepsie, with a sharper eye to the interests, the prosperity and fame of their town, outbid the Newburgh people, and, by a liberal subscription, and the donation of a valuable farm to it, secured the asylum, which, when completed, would be a source of prosperity to the city, and add still more to the fame its citizens already enjoy, as an enterprising, public-spirited people. He felt friendly to the present object, and hoped we might be able to get the asylum. We have not attempted to give anything like a full or accurate report of the remarks of Mr. Madden.

Committee on Subscriptions.—On motion of Mr. Royce, a "Committee of Observation," consisting of S. R. Corwin, Stephen Sweet and M. D. Stivers were appointed to assist Dr. Foote in selecting a suitable site for the asylum, and also solicit subscriptions.

On motion of Mr. Stivers, the chair appointed the following additional persons to assist in soliciting subscriptions, viz: Messrs. Eaton, Chattle, Foote, Kellogg, Slauson, Bromley, Nathaniel Conkling, and J. H. Bell.

At a late hour the meeting adjourned, all well satisfied that they had inaugurated a good work.

THE ASYLUM LOCATED—LETTER FROM DR. FOOTE.

MIDDLETOWN, N. Y., *January* 14, 1870.

E. P. WHEELER, *President.*

"DEAR SIR.—Having associated with me a committee appointed by the New York Society of Homœopathic Physicians, consisting of their President, Doctor Samuel Lienenthall, with Doctors Carroll Dunham and B. F. Joslin, we have together visited, under the kind

escort of the committee appointed by your citizens, the different localities offered as sites for the proposed insane asylum; and have selected as most suitable, the place known as the Vail and Slauson farm, with some adjoining lands for agricultural purposes; in all some two hundred and fifty acres.

"These lands have superior advantages, combine the necessary properties, and are to be obtained at reasonable prices.

"The asylum will therefore be located upon this farm, provided, always, your citizens contribute the $50,000 to the construction fund."

C.

RESOLUTIONS OF APPROVAL BY COUNTY MEDICAL SOCIETIES.

Resolutions adopted by the New York County Homœopathic Medical Society.—At a regular meeting of the Homœopathic Medical Society of the City and County of New York, held November 10, 1869, the following preamble and resolutions were unanimously adopted:

Whereas, The lunatic asylums of this State, owing to their present overcrowded conditions, are inadequate to the wants of our increasing population;

Whereas, The medical practice of the existing asylums is exclusively allopathic, thus debarring our patients from their chosen system;

Whereas, We believe that under homœopathic treatment mental diseases are less formidable, the time required for their cure much shorter, and the number of incurable patients less than under any other system of medical practice; therefore,

Resolved, That this society recognizes the necessity for an additional lunatic asylum in which patients should have homœopathic treatment; and that we will aid in its establishment.

Resolved, That Geo. F. Foote, M. D., being engaged in preparing plans and soliciting subscriptions for the organization and construction of such an asylum, this society indorse his project and recommend it to the profession and the community.

HENRY D. PAINE, M. D., *President.*

HENRY M. SMITH, M. D., *Secretary.*

Resolutions approving the enterprise have been adopted by the medical societies of Albany, Columbia, Monroe and Orange counties.

ARTICLE XXII.

Second Annual Report of the Albany City Dispensary. By E. A. Carpenter, M. D., Resident Physician.

Incorporated May 23d, 1868. Located No. 7 Plain street, Albany.

A. OFFICERS.
B. REPORT OF THE THIRD ANNUAL MEETING.
C. REPORT OF THE RESIDENT PHYSICIAN.
D. REPORT OF THE SECRETARY.
E. REPORT OF THE TREASURER.
F. FORMS OF PETITIONS.
G. REPORT TO THE COMPTROLLER.

A.

OFFICERS 1869–70.

Board of Trustees.—William Lacy, President; S. A. Stratton, Vice-President; E. W. Keyes, Secretary; Samuel Moffatt, Treasurer; Dr. L. M. Pratt; Dr. W. H. Randel; Dr. J. F. McKown.

Medical Committee.—Dr. L. M. Pratt; Dr. Wm. H. Randel; Dr. J. F. McKown.

Finance Committee.—William Lacy; Samuel Moffatt; Dr. L. M. Pratt.

Committee on Publication.—E. W. Keyes; Dr. H. M. Paine.

Attending Physicians.—Dr. J. W. Cox, Monday; Dr. L. M. Pratt, Tuesday; Dr. E. D. Jones, Wednesday; Dr. H. M. Paine, Thursday; Dr. J. F. McKown, Friday; Dr. W. H. Randel, Saturday.

Resident Physicians.—Dr. E. A. Carpenter; Dr. T. H. Mann.

Surgeon.—Dr. P. L. F. Reynolds, Wednesday and Saturday

B.

REPORT OF THE THIRD ANNUAL MEETING.

The third annual meeting of the association was held at the room of the dispensary, Tuesday evening, October 5, 1869, the President, Mr. William Lacy, in the chair, Dr. G. A. Cox, Secretary pro tem.

The report of the Resident Physician was read and approved.

The Secretary being absent, Dr. Paine presented a statement, which was accepted as a substitute for the report of that officer.

The report of the Treasurer was then presented and accepted.

The association proceeded to the election of the officers whose names are published on page 448

On motion of Mr. Stratton, the compensation of the Resident Physician was increased to thirty dollars per month.

The committee on publication were authorized to publish the second annual report of the institution in pamphlet form.

Meeting adjourned.

The Albany City Dispensary is a charitable institution, designed to afford gratuitous medical and surgical aid, and medicines to the poor.

*Extracts from the Constitution.**

Article 2. The object of the association shall be the establishment of a homœopathic dispensary in the city of Albany, for the purpose of furnishing medicines and medical attendance to persons who are unable to pay for them.

Article 3. An annual contribution to its funds shall constitute the donor a member of this association.

*Extract from the By-Laws.**

Section 8. The dispensary shall be open for at least one hour each day, at which time it shall be the duty of one of the physicians appointed by the Board of Trustees to be present.

The attending physicians and surgeons may be consulted daily from one to two o'clock, P. M.

The dispensary is open at all hours of the day and night, the resident physician being in attendance when not otherwise professionally engaged.

Cases requiring surgical aid should be presented on Wednesdays and Saturdays.

Vaccination, at the usual hour, on Wednesday of each week.

In order to furnish information regarding the purposes of the institution, and thereby to extend its benefits to as many worthy recipients as possible, small cards, prepared for general distribution, showing the day of the week on which each physician in turn renders service, can be obtained at the dispensary. Members of the association (contributors to its funds), are especially requested to provide themselves with a supply, and distribute them freely as they may have opportunity.

* See vol. vi, 1868, p. 203-4.

C.

Report of the Resident Physician.

Record of Prescriptions and Visits.

DISEASES TREATED IN 1868-9.	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	Total.
Surgical	41	18	18	39	35	27	37	97	66	69	59	53	559
Skin	6	21	13	37	37	37	50	37	29	38	33	29	367
Head	12	1	3	11	6	5	8	10	21	4	6	9	96
Face	1	11	8	....	1	....	....	....	....	....	....	....	21
Eyes	9	12	8	2	16	20	28	27	21	16	9	10	178
Ears	1	7	....	....	9	3	1	1	2	1	2	....	27
Throat	4	11	11	5	7	5	8	15	8	3	2	2	81
Lungs	19	27	27	53	42	41	36	40	40	32	33	22	412
Heart	....	....	....	....	3	2	....	1	3	1	3	1	14
Digestive organs	12	13	14	15	19	30	33	33	40	34	35	32	309
Liver	....	3	4	7	2	2	....	1	1	....	....	4	24
Kidney and urinary organs	4	7	3	10	6	7	5	15	12	1	6	8	84
Bowels	5	5	13	11	12	14	7	22	20	40	31	14	194
Spine	....	....	....	....	....	....	....	3	....	1	2	4	10
Nervous system	6	4	12	10	8	3	2	8	33	13	4	11	114
Diseases of women	11	14	16	18	11	12	28	44	21	14	18	16	223
Diseases of children	8	10	7	14	12	9	1	13	11	13	17	7	122
Number of patients visited	74	179	157	214	306	113	49	92	114	106	118	143	1,665
Not classified	126	....	....	....	....	....	....	....	....	....	....	....	126
Zymotic	....	50	39	64	95	54	38	47	72	55	52	44	610
Total	339	393	354	514	667	390	343	506	514	441	430	409	5,296

The tabular record of prescriptions and visits, compared with that of the previous year, shows a ratio of increase of nearly one hundred and fifty per cent.

Comparative Monthly Statement.

YEAR.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	Total.
1868	....	....	18	50	57	60	107	335	288	369	355	339	1,978
1869	398	354	514	667	390	343	506	514	441	430	409	339	5,296

Comparative Summary of Diseases Treated.

Diseases treated.	1868.	1869.
Surgical	283	559
Skin	103	367
Head	45	96
Face	22	21
Eyes	93	178
Ears	40	27
Throat	35	81
Lungs	147	412
Heart	10	14
Digestive organs	169	309
Liver	26	24
Kidneys and urinary organs	39	84
Bowels	81	194
Spine	1	10
Nervous system	39	114
Diseases of women	77	223
Diseases of children	70	122
Scrofula	11	
Fever	19	
Rheumatism	86	
Debility	37	
Vaccinations	11	
Syphilitic	61	
Diseases of the mind	12	
Not classified	169	
Number of visits made	302	1,665
Zymotic	....	610
	1,978	5,296

The foregoing report exhibits very gratifying evidence of the usefulness and success of the institution.

The cases treated embrace a variety of form and intensity, a part being merely trivial and of short duration, while many were of a serious character and of long standing. Several important operations are reported among the surgical cases. The success in the treatment of both the acute and chronic cases, in many instances, has been very decided and prompt. The report affords the most convincing evidence of a necessity for the continuance of the charitable institution, and for augmenting its usefulness by increasing its facilities for the reception and treatment of the worthy poor of our city.

D.

REPORT OF THE SECRETARY. PRESENTED OCTOBER 5, 1869.

In the absence from the city, of the Secretary, no report from that officer was presented. Dr. Paine offered, as a substitute, a brief statement, congratulating the Board of Trustees on the abundant evidences of prosperity and usefulness of the institution, and in their name thanking the members of the association for the very generous support so readily and opportunely bestowed; and also setting forth the pressing needs of the dispensary, and urging still more liberal support on the part of the citizens of Albany. The doctor called attention to the importance of immediately securing, by purchase, a suitable building, centrally located, to be wholly devoted to the uses of the dispensary. The experience of the past season clearly indicates the desirableness of increasing the number of departments and of rendering the institution complete in all its appointments. A dental department should be organized as soon as practicable, and a complete set of dental instruments and an operating chair should be provided. Cases requiring the advice or services of an experienced dentist are of daily occurrence. Several practicing dentists in this city have expressed a willingness to render gratuitous service at the dispensary once or twice each week.

Complete sets of instruments are also required for the thorough examination and treatment of diseases of the eyes, ears and lungs. There should be added, also, chemical and pharmaceutical apparatus, and a good microscope, for the thorough elucidation and analysis of cases of kidney disease, a knowledge of which cannot otherwise be determined.

The purchase of the instruments and apparatus above mentioned will involve the expenditure of so large a sum that the trustees are unwilling to procure them unless special appropriations for the purpose can be procured.

An Appeal to the Friends of the Albany City Dispensary, January 20, 1870.—The season of the year having arrived in which the annual contributions for the support of the dispensary have been made, the Trustees desire to call attention to the following statement:

Since the organization of the city dispensary, more than two years ago, the number of applicants for medical and surgical treatment has steadily increased. The number of prescriptions and visits during the second year is more than double that of the first. The evidence of the success of the institution is so conclusive that its friends feel constrained to increase its facilities and extend its usefulness. It has already afforded relief to thousands; yet there is abundant evidence from what has already been seen of its operations, to prove that, with more ample means and better accommodations, and additional medical attendants, the number of its beneficiaries might be largely increased. It is the design of the officers of the institution and attending physicians to extend to the patients applying for assistance all the advantages that the science and art of medicine and surgery have to offer. They desire to employ all the new and improved instruments in the aid of diagnosis and in the treatment of disease.

They accordingly recommend that a complete assortment of such instruments as may be required in the several departments be procured as soon as the funds of the institution will permit. Among the more important may be mentioned a very considerable addition to the number of surgical instruments; also, instruments for the diagnosis and treatment of diseases of the throat and lungs, and of the eye and ear. A good microscope is also greatly needed in order to facilitate the detection of diseases of great variety and frequent occurrence. A dental department is soon to be established; it is therefore necessary that an operating chair and suitable instruments be provided.

With a view of giving practical effect to the foregoing suggestions, the medical committee recommend that the number of rooms devoted to the uses of the dispensary be increased from two, the present number, to five or six. This proposed enlargement will require the occupancy of the second story of the building now rented by the dispensary association.

The proposed establishment of the several new departments, the occupancy of the necessary additional rooms, the employment of an

assistant resident physician, together with the purchase of the instruments recommended by the committee, will involve an expenditure of several hundred dollars in addition to the ordinary current expenses of the institution.

E.

REPORT OF THE TREASURER.

The treasurer of the Albany City Dispensary Association respectfully presents the following account of receipts and expenditures during the fiscal year ending Sept. 30, 1869:

Receipts.

From members of the association	$645 00
From State Comptroller	500 00
From other sources	143 75
Total	$1,288 75

Disbursements.

Expenditures	$1,139 79
Balance cash in treasury	148 96
	$1,288 75

F.

FORMS OF PETITIONS TO THE COMMON COUNCIL AND THE LEGISLATURE.

To the Honorable the Common Council of the City of Albany; presented January, 1869:

The undersigned, citizens of the city of Albany and officers of the Albany City Dispensary Association, would respectfully petition your honorable body for an appropriation of five hundred dollars in aid of the said association, a charitable society, having for its object the furnishing of medicines and medical and surgical treatment gratuitously to the poor; and your petitioners would respectfully represent, that since its organization medicines and medical and surgical treatment have been furnished gratuitously to more than four thousand applicants, principally the deserving poor of said city; that great good has been accomplished through its instrumentality; that by reason of the limited amount voluntarily contributed to its funds, it is unable to meet the demands upon it for aid, and its usefulness is thereby greatly impeded and impaired; and that without the aid solicited by your petitioners, it will not be possible for the association to afford the

relief which the circumstances and needs of the poor in this city imperatively demand.

And your petitioners will ever pray.

To the Honorable the Common Council of the City of Albany; presented November, 1869:

The undersigned, Trustees of the Albany City Dispensary Association, an association chartered in accordance with the provisions of the Revised Statutes of this State, for the purpose of carrying on and conducting a homœopathic dispensary in this city for the furnishing of medicine and medical attendance under homœopathic treatment to persons who are unable to pay for the same, would represent to your honorable body that the said dispensary has been in operation since the month of January, 1868; that the physicians and surgeons of the dispensary are in attendance daily, except Sunday, from one to two P. M. at the dispensary in Plain street; that the dispensary is open at all hours of the day and night, the resident physician being in attendance when not otherwise professionally engaged; that during the time the said dispensary has been in operation 7,274 cases have been administered to by the physicians at the dispensary, or by the resident physician at the dispensary or wherever his services may have been needed.

That all these services have been rendered by the physicians without any charge, and the medicines furnished without expense; the funds for providing the medicines and paying the rent of the dispensary, including a compensation to the resident physician, having thus far been defrayed by voluntary contributions and an appropriation of $500 from the State.

The Trustees have placed on the tables of the members of the Common Council a copy of their second annual report, which sets forth, fully, the operating of the dispensary, and on which they base a petition for aid, on the part of your honorable body, to place the dispensary, which is free from debt, in a position to extend its usefulness.

The Trustees therefore ask of your honorable body an appropriation of five hundred dollars, or such sum as you in your wisdom may be pleased to donate to them to carry out the objects of their trust.

G.

REPORT PRESENTED TO THE COMPTROLLER NOVEMBER 10.

On applying at the office of the State Comptroller for the amount

appropriated by the Legislature to the dispensary, the treasurer received the subjoined circular:

STATE OF NEW YORK, COMPTROLLER'S OFFICE,
ALBANY, *October* 1, 1869.

"SIR.—I inclose you herewith a blank form of report, to be made out by the officers of your institution, in accordance with the provisions of chapter 419, Laws of 1864. Such report must be filed in this office on or before the 1st day of December next, in order to be included in the distribution of the appropriation made by the Legislature to "certain public and charitable institutions," by chapter 857, Laws of 1869. If such reports are not promptly sent, the institution may lose the benefit of the appropriation."

In compliance with the above, the following report was presented at the office of the Comptroller, and was accepted November 10, 1869:

Hon. WILLIAM F. ALLEN, *Comptroller of the State of New York:*

The Board of Trustees of the Albany City Dispensary Association, in pursuance of chapter 419 of the Laws of 1864, would respectfully submit the following report, showing the financial condition of said dispensary, and the number of patients treated therein, during the fiscal year ending September 30, 1869.

The said dispensary was incorporated April 9, 1868, under the provisions of the general "Act for the incorporation of benevolent, charitable, scientific and missionary societies," passed May 12, 1848.

SCHEDULE A.

Financial Statement.

Value of personal property, including furniture.....	$250 00
Present indebtedness estimated at.....	200 00

Received during the fiscal year ending September 30, 1869:

By donations and other sources.....	$788 75
From the State Comptroller.....	500 00

Expenditures during the fiscal year ending September 30, 1869:

For medicines, surgical instruments and books.....	$579 80
For rent and incidental expenses.....	708 95
Total expenditures.....	$1,288 75

Schedule B.

Statement of the number of beneficiary patients, treated in said dispensary during the fiscal year ending September 30, 1869, *for whom no other provision has been made.*

The number* of patients treated at the dispensary was 743, a large proportion of whom received only one or two prescriptions; hence it is not possible to state, even approximately, the duration of treatment.

Affidavit.

State of New York, *ss:*

..... *President,*
..... *Resident Physician,*
..... *Treasurer,*

Of the Albany City Dispensary Association, being severally sworn, depose and say, that the foregoing report and schedule exhibit a true and faithful condition of the finances of said dispensary, and also the whole number of beneficiary patients admitted and treated thereat, for whom no other provision has been made.

Sworn before me, the ——— }
day of ———, 186 . }

———— ————.

The following is the form of communication received from Comptroller after receipt of the above:

State of New York, Comptroller's Office, }
Albany, ———, 1869. }

Sir.—Your report is received.

The amount will be paid when the taxes for the current year are received at this office, which will be in the latter part of the winter. The appropriation was made in April, but was estimated and provided for in the tax to be levid and collected for the fiscal year commencing October 1, 1868, and is a part of the expenses of that year.

* "Dispensaries need not give names, but should give number of patients and time of treatment, if possible."—*Comptroller's Circular.*

ARTICLE XXXIII.

Second Annual Report of the Buffalo Homœopathic Dispensary. By H. T. Appleby, M. D., Secretary.

Incorporated October 9th, 1867. Located at No. 270 Main street, Buffalo.

A. OFFICERS.
B. REPORT OF THE TREASURER.
C. REPORT OF THE SECRETARY.

A.

OFFICERS 1869–70.

President.—Hon. D. S. Bennett.

Vice-President.—A. T. Bull, M. D.

Board of Trustees.—L. C. Woodruff; O. L. Nims; Jacob Bryer; Sheldon Pease; A. R. Wright; H. Foster, M. D.; G. W. Lewis, M. D.

Secretary and Treasurer.—H. T. Apppleby, M. D.

Auditing Committee.—Sheldon Pease; Jacob Bryer.

Soliciting Committee.—O. L. Nims; A. R. Wright, M. D.; H Foster, M. D.

Finance Committee.—G. W. Lewis, M. D.; R. R. Wright, M. D.; A. T. Bull, M. D.

Attending Physicians, appointed May 11, 1869.—Drs. L. M. Kenyon; A. R. Wright; G. W. Lewis; E. G. Cook; A. T. Bull; H. Baethig.

Attending Physicians appointed December 1, 1869.—Drs. A. T. Bull, Monday; E. G. Cook, Tuesday; W. Osborne, Wednesday; G. W. Lewis, Thursday; L. D. McMichael, Friday; H. T. Appleby, Saturday.

B.

REPORT OF THE TREASURER.

Total receipts	$38 00
Total expenditures	$392 10

C.

Report of the Secretary.

Second Annual Meeting.—The second annual meeting of the Board of Trustees was held at the dipensary rooms, Tuesday, May 11, 1869.

The secretary presented a report of the affairs of the association, which was accepted. Some eighteen or twenty month ago the homœopathic physicians of Buffalo, perceiving the need of a charity of this kind, convened and organized a society, known as the Buffalo Homœopathic Free Dispensary, under the law governing such corporations. A room was rented, furniture bought, and the institution commenced active operations. The expenses were first met by donation of ten dollars each among thirteen attending physicians, after which subscriptions were raised among the friends of homœopathy to the amount of three hundred and ninety-seven dollars and twenty-six cents. Expenses up to date for rent of room, warming, gas and medicine, were two hundred and two dollars and twenty-seven cents, leaving only a small deficit to be provided for the coming year.

After remarks by the president expressing satisfaction at the past success of the dispensary, suggesting the needs of the future, and encouraging the members to go on in the good work, the meeting proceeded to the election of officers, see page 460.

Number of patients treated in 1868–9	1,873
Number cured	1,275
Result unknown	395
Remaining under treatment	192
Number of patients treated in 1867–8	1,292
Total number treated	3,165
Number of visits made in 1869	1,521

The same difficulties that presented themselves during the first year have had to be encountered during the second, the greatest one being lack of funds.

Relying mainly on the State appropriation, which is not made payable until February, 1870, no great effort has been made to procure subscriptions; consequently quite a debt has been incurred. Allowing for this and other minor drawbacks, the results during the year have been flattering.

The attending physicians have alternately given two hours each

day to the supervision of the medical department, and but for their unvarying attention to the interests of the association in this particular, the result would be the reverse of encouraging.

It is to be hoped that during the coming year, with more experience, more money and proper books of entry, that a tabulated report can be furnished, by which may be shown the diseases classified, and some idea of the mode of treatment be given.

Semi-annual Meeting.—The semi-annual meeting of the Board of Trustees of the Buffalo Homœopathic Dispensary convened at the pharmacy, on Wednesday, December 1st, 1869.

Present—Hon. D. S. Bennet, President; Dr. A. T. Bull, Vice-President; O. L. Nims, Esq.; Dr. G. W. Lewis and Dr. H. Foster.

After the reading of a report of the last half-year's transactions by the secretary, and its acceptance by the Board, the attending physicians were appointed for the ensuing six months. (See page 460.)

Our friends will please remember that, as heretofore, the dispensary will be open every afternoon for the medical care of the needy poor, between the hours of three and five o'clock.

This charity has been in existence two years, affording relief to many, directly and indirectly, though struggling with difficulties that seemed almost insurmountable, and, perhaps, might have proved so, but for the persevering efforts of its friends. Every one is aware, though the fact is more especially observed by physicians, that a large class among the poor, however able and willing they may be to support themselves when in health, find themselves, when sick, entirely dependent upon the charity of others. These unfortunates have the strongest claim upon our sympathy, though none will be refused who are suffering for medical aid and are unable to pay for it.

A resolution of thanks was tendered Mr. Halsey for the use of rooms for the purposes of the Association, and to Dr. Appleby for his unvarying attention to its interests.

The meeting then adjourned, subject to the call of the President.

Now that this charity is established on a permanent basis, it is to be hoped that the friends of humanity and of homœopathy will give it their hearty support.

Cards of application can be procured at the Homœopathy Pharmacy, or of any homœopathic physician in the city.

Upon reliable recommendation, patients will be cared for at the dispensary, or, if not able to reach the dispensary, at their homes.

As heretofore, the Dispensary is open every day, Sundays excepted, between the hours of three and four o'clock P. M., when one of the physicians mentioned above will be in attendance.

We shall regard it as a favor if our friends will afford us any information by which we may find and afford relief to any such. Notice to be left at the pharmacy, 270 Main street.

ARTICLE XXXIV.

Fourth Annual Report of the Poughkeepsie Homœopathic Dispensary. By Edward W. Avery, M. D., Attending Physician.

Incorporated January 27th, 1867. Located at No. 10 South Bridge street, Poughkeepsie.

A. OFFICERS.
B. REPORT OF THE SECRETARY.
C. REPORT OF THE TREASURER.
D. REPORT OF THE ATTENDING PHYSICIAN.

A.

OFFICERS 1869–70.

President.—Rev. James L. Corning.

Secretary and Treasurer.—Edward W. Avery, M. D.

Directors.—Benson J. Lossing; Abraham Wiltsie; S. M. Buckingham; Hon. John Thompson; G. C. Burnap; Tristram Coffin.

Physician and Surgeon.—Edward W. Avery, M. D.

B.

REPORT OF THE SECRETARY.

To the Patrons of the Dispensary.—Your liberal contributions have kept the dispensary well supplied with medicines, and have been the cause of alleviating much suffering. Many indigent families have relied for several years upon the medical aid tendered at our institution. We endeavor to dispense medicines to those only who are in needy circumstances.

The contributions, and the four hundred dollars received from the State, have supplied nearly sufficient means to meet the expenses. Last winter eight hundred dollars were appropriated. After the receipt of this money, next spring, we shall require a few contributions.

We trust that in time the dispensary may be transformed into a hospital, wherein patients can be furnished with beds. A hospital is needed to meet the requirements of our enlarging city.

In behalf of the poor, we return sincere thanks to our friends and patrons, who, by their bestowments, have relieved many suffering invalids.

A majority of the cases treated during last year, were of a chronic character. Many of them had been under allopathic treatment a long time; in fact, the dispensary has been the last resort of invalids who have been treated by allopathic physicians. Only by effecting remarkable cures, are we enabled to convince the poor and ignorant of the virtue of homœopathy.

On account of our success, many applicants have been induced to rely wholly upon homœopathic treatment.

Our finances are in a very satisfactory condition. The influential and wealthy citizens of Poughkeepsie take much interest in the success of the dispensary. It has become a permanent institution, and saves to the city treasury many dollars in the course of the year.

What is Homœopathy? In brief, a particular mode of selecting drugs for the cure of disease; or the application of a drug to a diseased state, a *fac simile* of which is produced in the healthy system, by the administration of the same drug in excess. It has nothing, as a system, to do with quantity. Although, as a class, the homœopathists use less medicine than the allopathists, yet every physician in our school decides upon the strength of his own medicines. There is no drug that we do not use.

The Atlantic Mutual Life Insurance Company of Albany, the Hahnemann, of Cleveland Ohio, and the Homœopathic Mutual Life, of New York city, insure the lives of those who use homœopathic treatment ten per cent less than those who use the old school practice. We present the following statistics, which require no comments:

In the St. Louis Hospital, Mo. (Allopathic), during 1864, the mortality was over twelve per cent. In the Cavalry Bureau Hospital, St. Louis (homœopathic), the mortality was six-tenths of one per cent.

In Northern Home for Friendless Children, Philadelphia, under allopathic control for four and a half years, average of deaths was two per cent. Under homœopathic control seven and a half years, 1857 to 1864, average was one per cent.

In cholera epidemic of 1854, in Great Britain, the mortality, as reported by a medical council to the House of Commons, was fifty-seven and two-tenths per cent under allopathic treatment. At the same time and place, under homœopathic treatment, as reported by Dr. McLaughlin, an eminent allopathic physician, sixteen and four-tenths per cent.

In the Hospital of St. Marguerite, Paris, ninety-nine beds are devoted to allopathy, and one hundred beds to homœopathy. The patients are placed, indiscriminately, in beds first vacated. From 1848 to 1851, the average mortality in the allopathic section was four and three-tenths per cent; average sickness twenty-nine days; cost of medicine $1.17 per patient. In the homœopathic section, during the same time, the average mortality was eight and one-half per cent; average time of sickness twenty-three days; cost of medicine per patient one and one-third cents.

C.

REPORT OF THE TREASURER.

Amount of expenditures	$1,066 29
Amount of receipts	725 22
Present indebtedness (October 1, 1869)	$341 07

D.

REPORT OF THE ATTENDING PHYSICIAN.

Cases treated during the year ending October 1, 1869.

FORM OF DISEASES.	No. of cases.	Cured.	Relieved.	Result unkn'n.	Died.	Under treatm't	Male.	Female.
Abscess	14	14	.....	.....	.....	.....	8	6
Amenorrhœa	16	16	2	.....	.....	.....	.....	16
Anasarca	11	9	2	.....	.....	.....	8	3
Asthma	2	.....	2	.....	.....	.....	1	1
Bronchitis	106	81	8	.....	1	6	48	58
Burn	1	1	.....	.....	.....	.....	.....	1
Caries	2	1	1	.....	.....	.....	1	1
Croup	4	4	.....	.....	.....	.....	2	2
Carditis	1	.....	1	.....	.....	.....	.....	1
Cancer	2	.....	2	.....	.....	.....	.....	2
Constipation	32	32	.....	.....	.....	.....	21	11
Colic	7	7	.....	.....	.....	.....	3	4
Catarrh	58	40	9	.....	.....	4	29	24
Cephalalgia	30	30	.....	.....	.....	.....	9	21
Cholera morbus	1	1	.....	.....	.....	.....	1	.....
Conjunctivitis	1	1	.....	.....	.....	.....	1	.....
Cynanche	19	19	.....	.....	.....	.....	3	16
Cholera infantum	2	2	.....	.....	.....	.....	1	1
Deafness	1	1	.....	.....	.....	.....	.....	1
Diarrhœa	40	35	1	.....	.....	4	17	23
Delirium tremens	1	1	.....	.....	.....	.....	.....	1
Dysmenorrhœa	4	4	.....	.....	.....	.....	.....	4
Dyspepsia	65	61	4	.....	.....	.....	29	36
Dysentery	7	7	.....	.....	.....	.....	2	5
Dysuria	5	4	1	.....	.....	.....	.....	5
Emesis	11	11	.....	.....	.....	.....	2	9
Enuresis	9	4	2	.....	.....	3	2	7
Epistaxis	1	1	.....	.....	.....	.....	.....	1
Epilepsy	7	2	4	.....	.....	1	2	5
Erysipelas	6	6	.....	.....	.....	.....	3	3
Eczema	48	48	.....	.....	.....	.....	15	33
Fever, remittant	7	7	.....	.....	.....	.....	2	5
Fever, intermittant	57	50	2	.....	.....	5	29	28
Felon	2	2	.....	.....	.....	.....	1	1
Furunculus	3	3	.....	.....	.....	.....	1	2
Gastralgia	10	10	.....	.....	.....	.....	5	5
Gonorrhœa	1	.....	1	.....	.....	.....	1	.....
Goitre	1	.....	1	.....	.....	.....	1	.....
Helminthiasis	9	9	.....	.....	.....	.....	3	6
Hæmorrhoids	1	1	.....	.....	.....	.....	.....	1
Hemicrania	2	2	.....	.....	.....	.....	1	1
Hernia	1	.....	1	.....	.....	.....	1	.....
Herpes	34	30	.....	.....	.....	4	14	20
Hysteria	4	4	.....	.....	.....	.....	.....	4
Laryngitis	4	4	.....	.....	.....	.....	.....	.....
Leucorrhœa	2	2	.....	.....	.....	.....	.....	2
Lupus	1	.....	1	.....	.....	.....	.....	1
Marasmus	1	.....	1	.....	.....	.....	1	.....
Menorrhagia	8	8	.....	.....	.....	.....	.....	8
Metritis	4	3	1	.....	.....	.....	.....	4
Nervous prostration	11	11	.....	.....	.....	.....	3	8
Neuralgia	31	31	.....	.....	.....	.....	8	23
Orchitis	1	1	.....	.....	.....	.....	1	.....
Ophthalmia	23	22	1	.....	.....	.....	9	14
Odontalgia	24	24	.....	.....	.....	.....	16	8
Paralysis	8	4	2	.....	.....	2	4	4
Pertussis	10	.....	8	2	.....	.....	4	6
Phthisis	41	.....	40	.....	1	.....	8	33
Pleurisy	3	3	.....	.....	.....	.....	1	2
Poison	1	1	.....	.....	.....	.....	1	.....
Psoriasis	5	3	1	.....	.....	1	1	4
Rheumatism	50	42	4	.....	.....	4	15	35
Scrofula	6	4	2	.....	.....	.....	3	3
Scarletina	2	2	.....	.....	.....	.....	1	1
Sprain	16	16	.....	.....	.....	.....	6	10
Syphilis	3	3	.....	.....	.....	1	2	.....
Teeth extracted	79	79	.....	.....	.....	.....	24	55
Tonsilis	5	5	.....	.....	.....	.....	.....	5
Tumor	3	3	.....	.....	.....	.....	1	2
Ulcer	10	10	.....	.....	.....	.....	3	7
Uterus, prolapsus	1	.....	1	.....	.....	.....	.....	1
Uterus, ulceration	1	1	.....	.....	.....	.....	.....	1

D.—(*Continued*).

FORM OF DISEASES.	No. of cases.	Cured.	Relieved.	Result unkn'n.	Died.	Under treatm't.	Male.	Female.
Vaccination	61	61	.....	.....	.....	.....	27	34
Varicella	1	1	.....	.....	.....	.....	.....	1
Veins, varicose	2	2	.....	.....	.....	.....	1	1
Vertigo	4	4	.....	.....	.....	.....	2	2
Wounds, incised	16	16	.....	.....	.....	.....	8	8
Wounds, contused	15	15	.....	.....	.....	.....	8	7
Wounds, punctured	1	1	.....	.....	.....	.....	1	.....
Urticaria	1	1	.....	.....	.....	.....	.....	1
Total	1,096	954	104	2	2	34	425	671

ARTICLE XXXV.

Report of the Gates Avenue Homœopathic Dispensary. By J. Lester Keep, M, D., Attending Physician.

Established in January, 1867. Located in Gates Avenue, Brooklyn.

A. OFFICERS.

B. REPORT OF THE SECRETARY.

A.

OFFICERS 1869–70.

President.—E. L. Roberts, Esq.

Secretary.—J. Lester Keep, M. D.

Treasurer.—John Simpkins, Esq.

Board of Trustees.—John B. Norris, Esq.; Thomas S. Throop, Esq.; Myron H. Strong, Esq.; Peter Notman, Esq.; Volney Aldridge, Esq.

B.

REPORT OF THE SECRETARY.

This institution was opened for the reception of patients February 17th, 1867, under charge of J. Lester Keep, M. D., with S. H. Keep, M. D., as house physician.

During the remaining portion of the year 1867, the number of patients treated was 1,592, and the number of prescriptions dispensed 3,068; In 1868, the number of patients was 2,149, and the number of prescriptions dispensed 4,455; up to December 4, 1869, the number of patients was 1,550, and the number of prescriptions dispensed was 3,182; making the whole number of patients treated 5,291; and the whole number of prescriptions dispensed 10,673.

The dispensary has hitherto been supported by private subscription, with the exception of the annual appropriation made by the city, to be divided among all the dispensaries. No assistance from the State has ever been received.

The institution is very much in need of pecuniary assistance, and its usefulness would thereby be much extended, and its list of patients doubled in six months, although the record is now unequalled in the first year's history of any similar organization. The expenditures have been entirely for medicines, rent and incidental expenses, the services of the physicians being entirely gratuitous.

ARTICLE XXXVI.

Report of the Brooklyn Homœopathic Dispensary. By A. E. Sumner, M. D., Medical Director.

Incorporated December 5th, 1852. Located at 186 Atlantic street, Brooklyn.

A. OFFICERS.

B. REPORT OF THE MEDICAL DIRECTOR.

C. REPORT OF THE DENTAL DEPARTMENT.

A.

OFFICERS 1869–70.

President.—Charles A. Townsend, Esq.

Secretary.—James R. Cowing, Esq.

Medical Director.—A. E. Sumner, M. D.

Surgeon.—Melville Bryant, M. D.

House and Visiting Physicians.—Drs. Clarke I. Hamilton and William B. Garside.

Consulting Physicians.—Drs. A. E. Sumner; George W. Brown; J. L. Keep.

B.

REPORT OF THE MEDICAL DIRECTOR.

The management of the Brooklyn Homœopathic Dispensary, make the following announcement for the years 1868 and 1869.

The usefulness of this institution is rapidly increasing, as will be seen from the fact that during the past year 9,807 patients have been treated and 22,187 prescriptions have been dispensed. This institution is located in a fine three story brick building, No. 186 Atlantic street, in one of the most densely populated districts of the city.

The building was purchased in 1866 by the Board of Trustees, with money contributed by homœopathic laymen, and is now valued at $12,000.

The building is in perfect repair, and is exclusively used for the purposes of a dispensary, and we have a well appointed pharmacy, surgery, laboratory, dentistry, library, and reading room, with fourteen medical journals, dissecting rooms, etc., etc., each room being supplied with appropriate maps, charts, and instruments.

The dispensary was incorporated by the State, December 5, 1852,

and E. W. Dunham, Esq., was elected President of the first Board of Trustees, and the medical staff comprised the following names:

Robert Rossman, M. D.; A. Cooke Hull, M. D.; I. Bryant, M. D.; Oliver R. King, M. D.; Horace May, M. D.; G. V. Newcomb, M. D.; Carroll Dunham, M. D.; John Barker, M. D.

Since that time most of our homœopathic physicians of the city have given more or less time to dispensary duties, and all take an interest in our means.

We have no other resources than the sums received from the State and the city, and the various donations of the charitable.

Our income is entirely inadequate to our support, and we have a bill at present before the Legislature asking for an appropriation of $2,500 a year.

Dr. Hamilton will have charge of the departments of surgery and of the diseases of the eye, ear and skin.

Dr. Garside will have charge of the departments for the treatment of diseases of women and of the throat and lungs.

The services of all these gentlemen are given gratuitously, with the exception of the house physician, who devotes his entire time to the institution.

The dispensary is open daily, from one to three P. M., and the house physician is in attendance. Surgical cases are treated on Mondays, Wednesdays and Fridays, from two to three. Diseases of the throat lungs, and digestive organs, the same days. Diseases of women, and of the eye, ear and skin, on Tuesdays, Thursdays, and Saturdays.

The following table exhibits the progress made by the dispensary:

The number of patients registered—

In 1853	304
1854	464
1855	701
1856	1,180
1857	1,442
1858	1,937
1859	1,438
1860	3,594
1861	3,241
1862	1,728
1863	1,506
1864	1,824
1865	3,965
1866	4,802
1867	6,798
1868	9,807

C.

REPORT OF THE BROOKLYN DENTAL INFIRMARY.

Board of Managers.—G. A. Mills, Dentist; William Jarvis, Jr., Dentist; C. D. Cook, Dentist; E. C. Monroe, Dentist; O. E. Hill, Dentist; E. L. Childs, Dentist; Surgeon, W. H. Atkinson, M. D., D. D. S.

The rooms of the Brooklyn Dental Infirmary are located in the same building, and are open on Mondays, Wednesdays and Fridays, from eleven A. M., to one P. M., when competent dentists will be in attendance, for the purpose of filling and extracting teeth, and treating all diseases of the mouth, for the poor, gratuitously.

ARTICLE XXXVII.

Fifteenth Annual Report of the Bond Street Homœopathic Dispensary, and its Branch on Tompkin's Square. By Otto Fülgraff, M. D., Medical Director.

Incorporated February 28, 1862. Located at 59 Bond Street, New York.

A. OFFICERS.
B. REPORT OF THE MEDICAL DIRECTOR.
C. REPORT OF THE TREASURER.

A.

OFFICERS 1869–70.

Directors.—Hon. A. Oakey Hall, Mayor; Hon. Rufus F. Andrews, Hon. Orlando L. Stewart, Samuel B. Garvin, Esq., District Attorney; Charles E. Loew, Esq., County Clerk; Shepard Knapp, Esq., Robert Gracie, Esq., Otto Fülgraff, M. D.

Founder and Manager.—Otto Fülgraff, M. D.

Assistant Physicians and Surgeons.—Drs. J. P. Ermentraut, H. B. Hund, C. W. Kuhn, A. M. Woodward, Virgil Thompson, S. W. Taylor, F. C. Hillmer, F. Seeger, H. Saltzwedel, Isaac Goldstein, A. McCullum, H. M. Jernegan, L. Bushnell, M. E. T. Bethe, J. A. Bennett.

Surgeons.—Drs. C. W. Kuhn and H. M. Jernegan.

Resident Physicians and Surgeons.—Drs. Isaac Goldstein, L. Bushnell, J. P. Ermentraut.

Visiting Physicians.—Drs. J. P. Ermentraut, F. C. Hillmer, A. M. Woodward, L. Bushnell, M. E. T. Bethe.

Dental Surgeons.—Drs. A. M. Woodward, C. W. Kuhn, H. M. Jernegan.

B.

REPORT OF THE MEDICAL DIRECTOR.

Our dispensary has now been in successful operation for nearly fifteen years. It is still located where first founded, at 59 Bond street, and is open daily from eleven o'clock, A. M. to five o'clock, P. M. Those of our patients living in the extreme eastern section of the city are attended to between twelve o'clock, A. M. and three o'clock, P. M., at our branch office, 194 East Seventh street, by Dr. I. P. Ermentraut

(Assistant Manager and Resident Physician), and several other assistants. We had no idea, at the outset, that our institution would be able to weather the fluctuations of circumstances for so long a time, or that it would eventually become the second largest, if not actually the largest, homœopathic dispensary, in point of attendance, in existence at the present day, either here or in Europe; but such is the fact, so far as we are able to ascertain and as the statistics, we believe, will show.

During the past year, beginning October 1, 1868, and ending October 1, 1869, 26,479 patients have been treated by this charity and its branch, and 51,995 prescriptions given, including 7,980 out-door visits by the physicians and surgeons connected with this institution. The following figures will show the gradual and sometimes even extraordinary increase in the number of patients each year since the establishment of this dispensary.

YEAR.	Cases attended at Dispensary.	Out-door visits.	Prescriptions given.
Year ending January 31st, 1856 (Founded)	521	.....	1,805
" " " " 1857	1,084	.....	4,082
" " " " 1858	1,808	.....	7,426
" " " " 1859	2,077	.....	8,976
" " " " 1860	2,195	.....	8,801
" " " " 1861	3,018	.....	9,128
" " " " 1862	5,130	.....	12,680
" " " " 1863	8,159	4,200	24,369
" " " " 1864	14,195	7,425	35,897
" " " " 1865	17,106	8,067	42,785
" " " " 1866	24,086	8,128	46,160
" " " " 1867	25,056	8,245	48,086
" " " " 1868	26,045	8,295	50,128
From February 1st, 1868, to October 1st, 1868	17,364	5,068	32,414
From October 1st, 1868, to October 1st, 1869	26,479	7,980	51,995
Total number	174,264	57,433	394,991

The success attending our new mode of operating in *nasal catarrh and diseases of the throat*, either acute or chronic, has been positive, and in many cases even remarkable. Cases that would either require much longer time or not yield at all, in the ordinary course of treatment, are in most instances readily overcome by this system. It must be understood that it requires much nicety and discrimination in the use of instruments and medicines to accomplish this result successfully, and that time and perseverance have been required to develop the system. We cordially invite any of our professional brethren to witness and examine for themselves, the mode of operating, the instruments, and the medicines used.

Our contributions toward supporting this useful institution, from

among the *large number of rich patrons of homœopathy*, are as limited *now* as they were when our record showed only *a few* thousand patients, annually.

It is a curious fact, that notwithstanding New York city boasts of so many wealthy persons, adherents to our law of cure, *similia similibus curantur*, their pockets remain systematically closed toward supporting charitable institutions of our school; such at least has been our long and well tried experience.

Had it not been for the very liberal appropriations from the city common council and the State, for the past few years, we should have been obliged long ago to close the doors of an institution where every branch of medical science is represented, and which is successful in the highest degree in every particular; except in obtaining sufficient pecuniary assistance for its maintenance from those who well know, or at least ought to know, that a charitable institution of this kind cannot exist without money.

While finally urging upon the patrons of homœopathy the necessity for a more liberal response to the calls of an institution like this, which does so much *practical good*, we beg to state that those personal appeals, which, during the first six years of the existence of the dispensary, and more or less each year since, have been upon the charitable for its support, are quite distasteful to us, causing, as they do, a loss of time which we cannot spare from our individual duties.

Dispensaries for the sick-poor have always ranked among the most meritorious and important of all charitable metropolitan institutions. They deserve and should command the first thought of all who have the interest of ailing poverty and stricken humanity at heart. Fifteen years we have faithfully worked in their behalf, yet the means at our command, contributed by a few of the many wealthy homœopathists of this city, are still so very limited that at this moment we own neither our dispensary building nor any part thereof.

"Twenty-six thousand patients treated!" may signify little to casual readers of this report; but, if appreciating philanthropists could see so many poor sufferers before them, and realize fully what a multitude these afflicted ones represent, the knowledge could hardly fail to open many purses that are now closed. To the attention of all, therefore, we commend our institution and its needs.

Before concluding this report, our own heartfelt thanks, and those of the community at large, must be tendered to our co-laborers in the good cause, the attending, resident and visiting physicians and

surgeons, for the faithful and efficient manner in which they have performed their arduous duties during the past year, hoping, at no distant day, they may reap, in the public gratitude, the fruits of their labor.

The list of those physicians and students who have at different periods been connected with our dispensary is here repeated and continued:

Drs. Wm. Banks, Alabama; Theodore Leobold, Germany; Ernst F. Hoffman, Germany; J. W. Mitchell, Washington Heights; Prof. Vanderweyde, M. D., Holland; Drs. B. R. Abbe, Boston, Mass.; B. D. Chase, Natchez, Miss.; Charles W. Torrey, N. Y.; G. W. Richards, Orange, N. J.; F. Bond, Brooklyn; J. S. Woods, N. Y. (dec'd.); J. L. Wade, N. J.; George E. Bouton, N. Y.; Achille Ascoli, Italy; Henry B. Millard, B. A., N. Y.; W. J. Baner, N. Y.; Chas. Pfaff, Germany (dec'd.); Prof. J. A. Carmichael, M. D., N. Y.; Mr. H. Freudenberg, Electrician, Germany; Drs. W. Faulkner Brown, N. Y.; H. H. Warner, N. Y.; A. Savary, Paris, France; J. R. Andrews, N. Y.; P. Daum, St. Paul, Minnesota; Wm. Murrell, Mobile; Anerum B. Burr, N. C.; Ciro S. Verdi, Italy; H. S. Filbert, N. Y.; Tulio S. Verdi, Italy; George L. Freeman, N. Y.; Edward Higgins, N. Y.; Dentists: J. Judson Campbell, C. W. (dec'd.); F. Hasbrouck, N. Y.; Drs. H. Raphael, Prussia; William Carlton, Canada West; Benj. Lasits, Germany (dec'd.); Chas. Hait, N. Y.; J. P. Ermantraut, Germany; A. E. Sumner, Conn.; G. Bloede, Germany; A. F. Steinhof, Canada West; Fred. B. Mandeville, N. J.; Dentists: Fred. R. Dixon, N. Y.; J. J. Gillespie, N. Y.; Drs. C. L. von Trencke, Germany; S. W. Taylor, N, Y.; Virgil Thompson, Mass.; A. M. Woodward, Mass.; W. B. Hallock, N. Y.; C. F. Lauer, Pa.; W. S. Baker, Newark, N. J.; C. M. Hunt, Meriden, N. Y.; C. H. Miller, New York City; M. J. Jesuren, Curacoa, W. I.; Fred. Danne, N. Y. City; J. S. Holtby, C. W.; W. P. Hocking, C. W.; J. Palmer, Mass.; A. R. Beach, N. J.; Harry Lake, N. Y.; F. L. O. Roerig, U. S. A., Germany; Dentist Manuel Trujillo, Mexico; Drs. J. C. Butler, Vermont; C. D. Campbell, C. W.; A. McCollum, N. Y.; H. E. Powell, N. Y.; F. Seeger, N. Y.

FORM OF DISEASES.	Number of cases.	Cured.	Relieved.	Result unknown.	Died.
Accouchements	72	.....	.....	.....	....
Angina faucium, tonsilitis, and largyngitis	1,848	1,628	101	119	....
Asthma	125	58	45	27	....
Bronchitis, acute and chronic	391	251	87	47	6
Cancrum oris	595	502	.....	93	....
Catarrh nasalis	708	530	103	75	....
Cephalgia	1,104	896	120	88	....
Chlorosis	186	91	27	20	....
Cholera infantum	192	120	.....	60	12
Cholera morbus	206	157	.....	49	....
Colic	199	175	.....	24	....
Contusions and sprains	1,199	1,102	.....	97	....
Croup, spasmodic and membranous	95	91	.....	.....	4
Constipation	2,408	1,734	439	239	....
Diarrhœa	2,340	2,110	.....	130	....
Digestion, derangement of	1,325	995	230	120	....
Diphtheria	93	58	.....	31	4
Dysentery	294	294	.....	58	2
Erysipelas	77	71	.....	5	1
Eye, with its appendages	566	370	109	87	....
Fever, scarlet, intermittent, continued, and typhoid	806	423	.....	76	7
Gonorrhœa, syphilis, primary and secondary	301	232	.....	69	....
Hæmorrhoids	246	113	95	38	....
Hepatitis, acute and chronic	59	34	10	15	....
Hydrocephalus, acute and chronic	16	8	.....	5	4
Influenza	1,103	988	.....	115	....
Measles	199	199	.....	.....	....
Neuralgia, of face and other parts	553	412	93	48	....
Pleurisy, acute and chronic	104	73	21	10	2
Phthisis	14	.....	8	4	2
Pneumonia	140	127	.....	.....	5
Rheumatism, acute and chronic	1,675	1,115	208	267	....
Spermatorrhœa	65	41	10	14	....
Surgery in all forms, including dental	2,546	2,546	.....	.....	....
Skin, diseases of the	1,145	835	120	190	....
Vaccination	1,158	1,158	.....	.....	....
Whooping cough	268	196	.....	90	2
Womb (uterine diseases generally)	1,192	785	278	129	....
Worms	269	231	.....	38	....
Total number of cases	26,479	21,734	2,176	2,471	48

Total number of prescriptions 51,995
Including out-door visits 7,980

C.

REPORT OF THE TREASURER.

Amount of donations and appropriations received during the year, beginning October 1st, 1868, ending October 1st, 1869, for Bond street Homœopathic Dispensary and its branch on Tompkins Square.

From the State	$1,500
From the common council of the city of New York	3,500
By donations	815
	$5,815

Expenses during the same period	$4,574
Debts paid, existing October 1, 1868	601
Cash on hand October 1, 1869	640
	$5,815

ARTICLE XXXVIII.

Report of the Dispensary, in connection with the New York Homœopathic Medical College. By William Brinck, M. D., House Physician.

Incorporated 1865. Located at No. 151 East Twentieth street, corner of Third avenue, New York.

Trustees.—J. Beakley, M. D.; D. D. Smith, M. D.; S. H. Waters, Esq.; E. H. Ludlow, Esq.; Ralph Mead, Esq.; D. Louis Pettie, Esq.

Attending Physicians.—William Brinck, M. D.; Charles Mansfield, M. D.; J. Sloan Beakley, M. D.

The dispensary is open daily from eleven A. M., to two P. M. There are two attending or house physicians, and one visiting physician.

Whole number of patients treated	11,180
Number of visits	730
Vaccinations	321
Obstretrical cases	63

ARTICLE XXXIX.

Report of the Metropolitan Homœopathic Dispensary. By H. E. Powell, M. D., Resident Physician.

Incorporated ——. Located at ——, New York.

A. Officers.

B. Report of the Secretary.

A.

Officers 1869–70.

Board of Trustees.—S. A. Spencer, Esq.; ——— Throckmorton, Esq.; J. Johnson, Esq.; S. T. Cannon, Esq.; ——— Mace, Esq.; F. Groyer, Esq.

Secretary.—H. E. Powell, M. D.

Consulting Physicians and Surgeons.—Drs. J. McMurray; Jacob Beakley.

Attending Physicians and Surgeons.—Drs. C. E. Campbell, C. M. Laurie.

Resident Physician.—Dr. H. E. Powell.

B.

Report of the Secretary.

The dispensary was opened for the reception of patients October 28, 1868, under the auspices of the following gentlemen:

Drs. C. H. Kuhn, C. E. Campbell, H. E. Powell and H. B. Watson, by whom the expenses incident thereto were jointly defrayed up to December 31, 1868. Since that time it has been supported by private subscriptions.

A Board of Trustees were appointed in January last.

An appropriation of one thousand dollars was made to the institution in the city tax levy.

To enable the dispensary to extend its usefulness, for which there is a wide field, a large income is very desirable.

The dispensary is open daily, free to the poor, from nine to eleven, A. M., and two to five, P. M.

The number of cases treated from October 28, 1868, to August 14, 1869, is 4,099, and there is an average daily attendance of about thirty-five, which will make the number of cases treated for the two years, 1868–69, about 8,334.

ARTICLE XL.

Report of the Morrisania Homœopathic Dispensary. By J. M. Miller, M. D., Attending Physician.

Incorporated May, 1869. Located at Morrisania, Westchester county, N. Y.

A. OFFICERS.

B. REPORT OF THE ATTENDING PHYSICIAN.

A.

OFFICERS 1869–70.

President.—Rev. F. G. Blime.

Vice-President.— ——— Gillis, Esq.

Trustees.—Rev. Mr. Potts; Rev. Mr. Chamberlain; H. E. Rotger, Esq.; Lewis Falk, Esq.

Treasurer.—A. J. Bigelow, M. D.

Secretary.—J. M. Miller, M. D.

Consulting Physicians and Surgeons.—Jacob Beakley, M. D., and F. W. Hunt, M. D.; S. B. Barlow, M. D., and J. F. Gray, M. D.

Attending Physician.—J. M. Miller, M. D.

B.

REPORT OF THE ATTENDING PHYSICIAN.

Number of cases treated	106
Number of prescriptions	207
Visits to patients' houses	12
Number of surgical cases	9
Fractures of the acromion process	1
Fracture of the ulna	1
Incised wounds	1
Felon	2
Carbuncle	1
Opacity of the cornea	1
Finger crushed	1
Mechanical injuries of the eyes	1

ARTICLE XLI.

Report of the New York Homœopathic Dispensary.

Incorporated June, 1860. Located 129 West Thirty-first street, New York city.

A. OFFICERS.
B. REPORT OF THE RESIDENT PHYSICIAN.

A.

OFFICERS.

President.—William H. Fogg, 32 Burling slip.

Vice-President.—A. C. Benedict, 28 Bowery.

Secretary.—Willard L. Felt, 47 Liberty street.

Treasurer.—William L. Andrews, 72 Gold street.

Jacob Capron, 1172 Broadway; Charles Angell, 457 West Twenty-second street; H. N. Twombly, 6 Park Place; E. P. Fowler, M. D., 22 West Twenty-ninth street; Wheeler H. Peckham, 18 Wall street; C. P. Frame, 75 Liberty street; H. B. Millard, M. D., 7 East Twenty-seventh street.

Medical Staff.—John S. Linsley, M. D., 149 East 39th street, House Physician.

Theodore D. Bradford, M. D., 177 West 45th street, Visiting Physician and Surgeon to Eye and Ear Department.

Samuel Lilienthal, M. D., 238 West 25th street, Senior Physician, German Department.

Augustus P. Throop, M. D., 223 West 34th street; Mrs. Caroline La Beau, M. D., 849 3d avenue, Diseases of Women.

Frank E. Doughty, M. D., 47 East 25th street, Surgeon.

John A. Ward, M. D., 20 East 21st street, Diseases of Chest and Throat.

Philip E. Arcularius, M. D., 43 East 21st street, Skin Diseases.

Harlan P. Patridge, M. D., 74 West 34th street, Diseases of Head and Abdomen.

Isaac W. Ferris, M. D., 108 East 12th street, Diseases of Children.

B.

ANNUAL REPORT FOR THE YEAR ENDING DECEMBER 31st, 1869.

Diseases of women and children	2,779
Diseases of head and abdomen	1,884
Surgical department	1,498
Diseases of chest and throat	1,370
Diseases of skin	478
Diseases of eye and ear	314
Patients treated by visiting physician and not included in above classification	1,222
Number vaccinated	660
Of the above there were males	3,885
" " " females	6,486
" " " under fifteen years of age	4,619
" " " adults	5,752
" " " natives of United States	6,348
" " " " Great Britain	2,826
" " " " Germany	1,128
" " " " other countries	69
Sent to hospitals	62
Total number of patients	10,371
Total number of visits	4,651
Number of house prescriptions	31,113
Total number of prescriptions	35,764

ARTICLE XLII.

Report of the North-Eastern Homœopathic Medical and Surgical Dispensary. By F. Seeger, M. D., Attending Physician.

Incorporated November, 1868. Located at 307 East Fifty-fifth street, New York city.

A. OFFICERS.
B. REPORT OF SPECIAL MEETING.
C. REPORT OF THE BOARD OF DIRECTORS.
D. REPORT OF THE SUPERINTENDENT.
E. REPORT OF THE LIBRARIAN.
F. REPORT OF THE TREASURER.

A.

OFFICERS.

President.—William Radde, Esq.

Vice-President.—Rev. Stephen H. Tyng, Jr.

Secretary and Treasurer.—F. Seeger, M. D.

Board of Directors.—Wm. Radde, Esq., 550 Pearl street; F. Seeger, M. D., 150 E. 54th street; Rev. Stephen H. Tyng, Jr.; J. Robie Wood, M. D., 188 West Eleventh street; E. V. Loew, Esq.; John Hamer, Esq., West 36th street; Wm. E. Brinckerhoff, Esq.; F. W. Hunt, M. D., 107 West 36th street.

Patrons.—A. T. Stewart, Esq.; John David Wolfe, Esq.; Mrs. G. V. Hecker; Wm. Sommer, Esq.; David Dows, Esq.; Hiram Calkins, Esq.; William Radde, Esq.; Fred. Schack, Esq.

Board of Physicians and Surgeons.—F. W. Hunt, M. D., Medical Director; F. Seeger, M. D., Diseases of the Heart, Circulatory System, Lungs, Respiratory Organs, and Nasal Cavities; J. J. Mitchell, M. D., Diseases of Women and Children; J. J. Wallace, M. D., Diseases of the Head, Nervous System and Skin; J. Robie Wood, M. D., Diseases of the Gastro-intestinal Tract; B. L. Cetlinski, M. D., Diseases of the Urinary and Genital Organs; John M. Miller, M. D., Diseases of Eye and Ear.

Surgeons.—J. Robie Wood, M. D.; F. Seeger, M. D.; J. M. Miller, M. D.

G. B. I. Mitchell, M. D., and J. H. Demarest, M. D., were connected for a short time with the dispensary, on the medical staff.

Consulting Board of Physicians and Surgeons.—F. W. Hunt, M. D.; B. F. Bowers, M. D.; John F. Gray, M. D.; H. D. Paine, M. D.; G. E. Belcher, M. D.; S. B. Barlow, M. D.; C. E. Blumenthal, M. D.; J. Beakley, M. D.; E. E. Marcy, M. D.; T. F. Allen, M. D.

B.

REPORT OF SPECIAL MEETING.

A special meeting of the directors of the dispensary to take into consideration the reports of the various officers, was held at the residence of Dr. F. Seeger, 150 E. 54th street, Tuesday evening, October 5th, 1869.

The president, Wm. Radde, Esq., in the chair.

The report of secretary, treasurer and chief medical officer, Dr. Seeger, were presented and read, whereupon, it was, on motion,

Resolved, That the report of the treasurer is hereby approved.

Resolved, That the medical report as read is hereby approved.

Resolved, That the reports as read and the accompanying documents, be accepted, printed and circulated, under the direction of this Board.

No other business being before the meeting, on motion, the Society adjourned.

C.

REPORT OF THE BOARD OF DIRECTORS.

The Board of Management of the North-eastern Homœopathic Dispensary, in laying before you a statement of their labors, embrace the opportunity of expressing their gratification at the success which has attended their efforts. Nothing, in the opinion of the Board, more convincingly proves the necessity of dispensaries, than the large number of applicants for relief. Particularly has an institution like ours been a necessity in the part of the city where we are located. On an average, a few less than one hundred new patients, in addition to those constantly returning for continued prescribing, have been treated. A large number might have been treated, had your Board allowed every applicant for relief to obtain it. It is notorious that there are many applying for dispensary relief, whose circumstances are such that they can well afford to remunerate a physician for his service. We have therefore refused treatment to all those whose appearance seemed evidence of ability to pay a physician. Yet, we have recollected the fact there are many deserving applicants, whose poverty never prevents their presenting a neat appearance; but when

persons bearing evidence of comfort in their dress, displaying no lack of jewelry apply, the rule of "*Free for the poor only*" is inforced.

The dispensary is open daily from eleven, A. M., to four, P. M. (holidays not excepted). During these hours our efficient and indefatigable staff are active in their duties. (Section 7 of the Rules and Regulations.) "Politeness and kindness on the part of the medical staff, is requested for the patients. The rule that they should be made to feel that their poverty is no barrier to careful and kind attention" has been adhered to, and the result has been a degree of confidence in, and regard for, the dispensary and its physicians truly gratifying. As will be seen from the medical report of Dr. Seeger, all the newest appliances in medicine or surgery are adopted, and the benefits to be derived from their use, made available to our dispensary *proteges*.

Before bringing this statement to a close, your Managers would make an earnest appeal for your continued support in the good work. Would that we could make these lines eloquent enough to interest the support of every charitable man or woman of affluence in our district. There are many well able to give, knowing the good done by dispensaries, who feel at liberty to shirk all the duties of charity.

Many of our patrons will recollect the statement made of, our desire to obtain sufficient funds to purchase a site for a permanent location. We labored earnestly in the cause, as yet unsuccessfully. For the emulation of others, we have the proud satisfaction of being able to point out one lady, who aided us nobly. Not contented with her own large donation, this lady collected also an equal amount. New York's merchant prince, A. T. Stewart, Esq., has also responed most generously; our respected president and others have labored zealously, and aided the object liberally; D. Dows, Esq., has extended to us encouraging sympathy. Mr. John David Wolfe, whose wide charity presents an example of the beauty of charity in the affluent, has aided us liberally. Are there no other noble and charitable ladies, no other charitable men, who could give but have not yet done so? We know there are, and ask them to rally in the good cause. To those who have subscribed we say, if you can, double your subscriptions, and obtain those of your friends. We have a handsome little surplus toward the purchase of a permanent house for the dispensary, but triple the amount is needed. We can only get it by your coöperation.

The questions as to the benefits of dispensaries is one long settled. Yet those who doubt are called upon to inspect our plan of operations. The poor, but industrious family father, when sick has his cares and pains alleviated; and so has the unfortunate widow and her children, laboring from early morn to late in the night, or rather to early morn, suffering from privations, care and sorrow for blighted hopes. Is it not a blessing to her when sick, to know that the encouraging smile of the physician, and the aid of good men and women interested in her behalf by the physicians are furnished through the instrumentality of dispensaries. We refrain from further argument and leave it to you. "Remember the poor and I will remember you," is the promise and recommendation of the source from whence all blessings flow.

"If it be in thy power, remember the sick, the lame and the infirm, with charitable institutions, for their benefit. It was one of the most praiseworthy customs of the forefathers, that, when blessed with riches, they applied a part of them to founding pious and charitable institutions. When God bestowed upon them bountiful superfluity, during their lifetime, by their last testaments, they gratefully returned a share of it to God. Their pious hearts, which called God the Father of all, were open to the love of their poorer fellow creatures, and when the time came, the needy were found among their heirs."

D.

REPORT OF THE MEDICAL SUPERINTENDENT.

To the Board of Managers of the North-eastern Homœopathic Medical and Surgical Dispensary:

In accordance with the regulations of the institution, I respectfully submit my report for the period terminating September 30th, 1869.

The dispensary was formally opened to the poor on the 15th of February of the present year. From this date to September 30th, embraces a period of seven and a half months. In this time 534 patients have been treated. Calculating at these rates, our list at the end of the first year will give us between 900 and 1,000 patients. Appended is a tabular statement of the diseases treated, the number cured, etc., etc.

All the newest appliances introduced either in medicine or surgery, are taken up by the medical staff, and their value ascertained, and if of service, the good to be derived from their use has been made available to the poor.

In the department for diseases of the lungs and respiratory organs, I make use of inhalations of atomized medicated vapors of such homœopathic remedies as are indicated. By these means, in inhaling, the medicated vapor is carried directly to the throat, wind-pipe and lungs.

In the treatment of the diseases of the nasal cavities, Prof. Weber's (of Halle), hydrostatic douche has been introduced. Prof. Thudicum, and many other authors speak highly of the medicated stream carried through the nose, as a curative agent in the usually troublesome diseases of the nose. To the date of this report, its chief application with us has been in the cases of chronic catarrh applying for relief. Solutions of common salt, carbolate of lime, carbolic acid, sanguinaria, have been the agents thus applied.

Local anæsthesia for prevention of the pain in the minor surgical operations, is used whenever called for. The ophthalmoscope and laryngoscope as aids in diagnosis, have been called into service. Electricity, whenever it is thought to be applicable, is also employed.

In the vaccine department, the method of *Geheime Medicinal Rath*, Dr. Muller of the Royal Institute for Vaccination, at Berlin, has been introduced. (A description of this method may be seen in the North American Journal of Homœopathy for August, 1869). All possible care is taken in the selection of virus, as the most evil results are often traceable directly to vaccination.

In fact, nothing has been left undone, which will give the institution a reputation for the care taken to furnish its poor friends with the best treatment. As far as the medical staff is concerned, everything will be done to fulfil our ambition to place the institution in the foremost rank.

Our district embraces from 35th street to 100th street, and all east of Sixth avenue. Within its limits we have both extremes of wealth and poverty. The aristrocratic Fifth avenue is largely in the district, yet with all the wealth in this thoroughfare, next to no support to the dispensary has been forthcoming.

In connection with their duties as physicians, the staff has had numerous opportunities for observing many of the causes productive of disease among the poor. A few of the more prominent preventable causes I will give.

Poor quality of food, and its adulterations, is a potent agent, bringing about sickness, etc. Prominent among the dietetic causes of disease is tea. Particularly among the poorer Irish, "tay" forms

with the more fiery liquids, the chief drink. Without calling attention to the bad consequences of tea tippling in health, when the tea is pure, it must strike every one that the article drank for tea by the poor must do a vast deal more harm. The price of pure tea is entirely too great for their means, consequently an inferior article and more often a poisonous adulteration is palmed on them. In the adulterating process the most villainous practices are resorted to. Copper plates; mixing good with bad qualities, the former usually in infinitesimal quantities; the admixture of the leaves of sycamore, sloe, willow, clover, which have been dried in heated pans and then colored with black lead, arsenite of copper, chromate or bichromate of potash, as may be required to prepare the different qualities of young hyson, gunpowder, hyson skin, etc.; what must be the result of these adulterations? We fear the profession often overlook these causes. The intractability of many chronic diseases may be traced to causes of this kind.

If we turn to coffee, the same complaint. Coffee next to lager is the chief beverage among the natives of the Vaterland. Although many of the articles used in the adulteration of coffee are harmless, yet they are objectionable, if for no other reason than dishonesty. Yet some articles are used in adulterating which are harmful. It is best to purchase the coffee unground.

We have mentioned lager bier, the great national drink of the Teutons. But the consumption of lager beer is not confined alone to the Germans by any means. Lager is generally, if not always, more or less adulterated, according to the honesty of the manufacturer. It is notorious that many substances, as cannabis, strychnia, and stramonium are used, which are known as poisons.

Sugar, an article of universal consumption, comes in for its share in the mixing process. Brown sugar is in itself an obnoxious article, from the presence of a peculiar insect, the acarus sacchari, or sugar mite. To this insect is due what is popularly termed the grocer's itch. A large proportion of the poorer classes use this article as being less expensive than the white. But even this latter is not safe from adulteration. Where it can be afforded, loaf or lump sugar had better be purchased.

Vinegar is another article of large use. Some specimens of what is called vinegar, have been found to consist mainly of sulphuric acid. In fact, much of what is used for vinegar is hardly anything else than oil of vitriol, with some water and a few other additions.

The alcoholic liquors, particularly those dealt out to the poor in the low grog shops and "swill" stills, are notoriously nothing else than adulterations, or combinations possessing nothing of the character of the article after which it is called, but the taste.

That milk is adulterated, is not new. The adulteration, however, is not confined to simple dilution with water. Milk from diseased cattle, the so-called swill-milk, although pretty well stamped out of the market, still is to be found in the districts where the poorer classes live. The disgusting practice of making cream by a combination of chalk, water, sheep or calves' brain and flour is to be deprecated.

A great deal of meat from deceased animals is also sold, and its market is generally among the poor, where the cheapness of the article gives it a ready sale. Bread is no exception to the above.

Having touched upon a few of the articles of diet most generally used, we turn to the question of the excessive infantile mortality. In addition to the bad effects of adulterated food conspiring to make the mother's milk inferior, we have those from the crowding of the poor into small, unlighted and unventilated rooms, where there are but few conveniences for cleanliness, as is witnessed in our tenement houses. Over-crowding can have but one result: sickness and death. Why it should be so, is evident. But another cause of the great mortality among children and infants is to be found in the abominable and sinful use of quack nostrums. If a child cries and seems unwell, or if the mother fancies it to be unwell, "soothing syrups" or "ready reliefs," or whatever name the different compounds go under, are resorted to. Such has become the influence of usage, that the poorest will often spend their money for these articles. But quack nostrums are not confined to the poor. Those whose supposed intellectual attainments ought to teach them better, are given to this habit. A very flattering picture they present.

As regards the adulterations of the druggists, they trouble us but little. Distilled water or alcohol are the usual articles for diluting, and the more diluting the better. Dr. Oliver Wendell Holmes says: "If the whole materia medica (by which he means all drugs) were thrown into the Atlantic, it would be better for man, and worse for the fishes." Rather strong language from this distinguished opponent of homœopathy. The philanthropic and open-hearted Hufeland, and one of homœopathy's most generous and candid opponents, wrote: "Homœopathy can certainly boast of one

advantage, it will never do positive harm by acting injuriously on the organism. It may be accused of sins of omission, but not sins of commission; and this is no mean praise when medical men are so rash in the use of narcotic and metallic poisons, whereby they inflict an injury, much greater than the disease they seek to cure. * *"

Other influences potent for misery might be adduced, but the prevention of these belongs to sanitary commissioners. We will however before closing, protest most emphatically against the filthy condition of the streets in the poorer districts; sweeping them is the exception, and when they are swept it is done in a shamfully imperfect manner.

All these conditions exist, and we call the attention of the public to them. The officers whose duties it is to remove these causes, should be made to act with more vigor.

Before bringing this report to a close, a few words in regard to that part of our population known as the "squatter population" may be interesting.

A calculation, though somewhat superficial, still not far from accurate, I think, would give us in the district embraced by the dispensary, at least 6,000 representations of the squatter fraternity. Now, adding the tenement house quota, it will be seen that when our location becomes known to the poor, our medical relief will be very large, with a proportionately decreasing expense *per capita.* These squatters present an interesting study to the socialist. It is in these homes of misery and want that the physician has to encounter the demon of disease in his greatest fury. A stern school for making practical physicians. As an experienced physician (Prof. A. K. Gardner) writes of the labors of the dispensary physician: "The work is very laborious, requiring the ascent of many stairs, the diving into cellars, rear buildings, into and through filth, handling the most loathsome, dirty, drunken, abandoned of every class of society, exposed to attacks of animals, of drunken and infuriated men and women, of pestilence that walketh at noonday and vermin that walk at all times and all over everything and everybody. *The love of science* carries its devotees where religion and humanity shrink back. It is no wonder that the title of dispensary physician is a title of honor. It is well deserved," and we would add, hard earned.

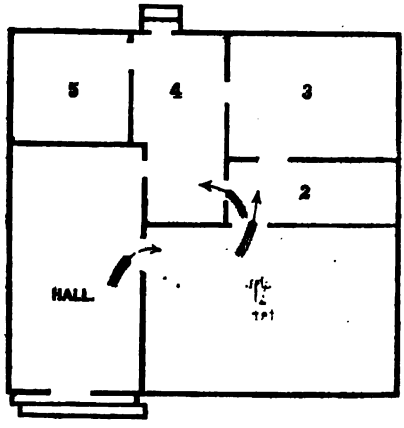
The institution has a three years' lease of the building, the entire first floor of which is used for the purposes of the dispensary, and is divided as follows: The front room is handsomely fitted up with

settees, as a reception room for patients, on the walls are engravings of Hahnemann, Schinlein, and of various botanical specimens.

On entering, a patient takes a seat until his turn arrives, when he passes through a door into the rear of the building, where there are following rooms; first, the pharmacy; second and third, the physicians rooms for treating patients; fourth, private examining room, and operating chamber.

As regards the pharmaceutical division strict attention is given, and a complete assortment of remedies are to be found there.

Rear entrance.



Front entrance, 55th street.

1 Reception room.
2 Drug and Prescription Department.
3 Physician's room.
4 Physician's room.
5 Private examining and operating room.

NOMENCLATURE.		No. of cases treated.	Cured and cases returned.	Result unknown.	Relieved.	Not cured or incurable.	Still in treatment.	Died.
I. ZYMOTIC DISEASES.								
Erysipelas,	.....	5	2	2	....	....	1	...
Varicella,	.....	1	1	....	....	....	....	...
Roseola,	.....	1	1	...	....	....	....	...
Variolois,	Modi. small-pox.....	1	1	....	....	....	....	...
Scarlatina,	Scarlatina	3	3	....	....	....	....	...
Scarlatina, Sequelæ,	Scarlatina, after conseq'nces of	3	1	....	1	....	1	...
Morbilli,	Measles	4	4	....	....	....	....	...
Morbilli, Sequelæ,	Measles, after consequences of	1	1	....	....	....	....	...
Parotitis,	.....	13	13	....	....	....	....	...
Pertussis,	Whooping cough	6	6	...	....	....	...	...
Diphtheria,	.....	2	2	....	....	....	....	...
Typhus Abdom.,	Typhoid fever	3	3	....	....	....	....	...
Dysenteria,	Dysentery	8	7	....	....	....	1	...
Intermittens,	Intermittent fever..	8	4	†3	....	....	2	...
Cholera Infantilis,	Cholera Infantum	6	6	....	....	....	....	...
Cholera Sporadica,	.....	1	1	....	....	....	....	...
Febris Catarrh.	Catarrhal fever	4	4	....	....	....	....	...
II. DISEASES OF THE RESPIRATORY ORGANS.								
Coryza Chron.,	Chronic catarrh	1	1	....	....	....	....	...
Ozæna,	Running of the nose	3	2	....	....	....	1	...
Bronchitis Capillaries Acuta,	Acute capillary bronchitis..	4	2	2	....	....	....	...
Catarrhus Bronchialis Acutis,	Acute catarrhal bronchitis..	3	2	....	....	....	1	...
Catarrhus Bronchialis, Chronicus,	Chronic bronchial catarrh ..	9	7	1	....	....	1	...
Laryngitis Acuta Catarrhalis,	Laryngeal catarrh (acute)...	2	2	....	....	....	...	...
Hæmoptoe,	Spitting blood..... ...	1	1	....	....	....	....	...
Epistaxis,	Nose bleed	2	2	....	....	....	....	...
Pleuritis,	... .	1	1	....	....	....	....	...
III. CONSTITUTIONAL DISEASES.								
Scrophulosis,	.....	7	5	2	....	....	....	...
Rachitis,	Rickets..	1	....	†1	....	....	....	...
Rheumatismus Articulorum Acutus,	Acute articular rheumatism.	2	1	1	....	....	....	...
Rheumatismus Muscularis et Artic,	Chronic rheumatism.....	11	1	7	....	....	4	...
Arthritis,	.....	1	....	1	....	....	....	...
Chlorosis,	Green sickness.....	1	1	...	...	....	....	...
Marasmus Infant.	.....	3	....	1	....	....	1	1
IV. NEOPLASMATA.								
Carcinoma Mammæ,	Cancer of the breast.....	2	....	1	....	1	....	...
Phthisis Pulmonalis,	Consumption.....	10	1	†5	....	....	4	...
Tuberculosis Pulm.,	Incipient consumption	3	1	2	....	....	....	...
V. DISEASES OF THE NERVOUS SYSTEM.								
Hypochondria,	.....	1	1	...	....	....	....	...
Chorea,	St. Vitus' dance	2	1	1	....	....	....	...
Epilepsy,	Epilepsy	1	....	1	....	....	....	...
Paraphlegia,	Paralysis of lower extremities.....	1	....	†1	....	....	....	...
Hemicrania,	Half-sided headache	2	....	1	....	....	1	...
Palpitatio Cordis Ner.,	Nervous palpitation.....	1	1	....	....	....	....	...
Vertigo,	Dizziness	2	....	1	....	....	1	...
Cephalalgia,	Headache	2	2	....	....	....	....	...
Gastralgia,	Nervous stomach.....	1	1	....	....	....	....	...
Gastrodynia,	Derangement	8	5	3	....	....	....	...
Odontalgia,	Toothache.....	8	4	4	....	....	....	...
Neuralgia Facialis,	Facial neuralgia.....	3	3	....	....	....	....	...
Neuralgia Intercos.,	Neuralgia of the ribs	1	1	....	....	....	....	...
Cardialgia,	Heart-burn	2	1	1	....	....	....	..

NOMENCLATURE.		Number of cases treated.	Cured and cards returned.	Result unknown.	Relieved.	Not cured or incurable.	Still in treatment.	Died.
Congestio Cerebri,	Congestion of the brain	1	1	....	....	....	....	...
Commotio Cerebri,	Concussion of the brain	1	1	....	....	....	....	...
Asthma,		3	1	1	....	....	1	...
VI. Diseases of the Digestive Organs.								
Stomatitis,		2	1	....	....	....	1	...
Hæmorrhoides,	Piles	4	4	....	....	....	....	...
Uvula Hypertrophica,	Enlarged palate	2	2	....	....	....	....	...
Pharyngitis Catarr.,		1	1	....	....	....	....	...
Gastritis,		1	1	....	....	....	....	...
Enteritis,	Inflammation of intestines	1	....	....	....	....	....	1
Dyspepsia,		15	5	3	1	...	6	...
Hæmatemesis,	Vomit of blood	1	....	1	....	...	....	...
Angina Tonsillaris,	Tonsillitis	8	4	4	....	....	....	...
Dyspepsia Gravidarum,	Sickness of pregnancy	3	3	....	....	....	....	...
Congest. Hepat.,	Congestion of liver	1	1	....	....	....	....	...
Febris Biliosa,	Bilious fever	1	1	....	....	....	....	...
Hepatit. Chron.,	Liver complaint	2	1	1	....	....	....	...
Catarrhus Intestinalis Acutus	Diarrhœa	12	12	....	....	....	....	...
Catar. Intest. Chron.,	Chronic diarrhœa	4	3	....	....	....	1	...
Icterus Neonat.	Infant jaundice	1	1	....	....	....	....	...
Hernia Inguinalis,	Hernia	1	....	1	....	....	....	...
Glossitis,	Inflammation of tongue	1	1	....	....	....	....	...
Colica Flatulentia,	Wind colic	4	3	....	....	....	....	...
Aphæ,	Thrush	3	1	2	....	....	....	...
Prolapsus Ani,	Falling of anus	1	1	....	....	....	....	...
Constipatio,	Constipation	3	2	....	....	....	1	...
Dentitis Difficilis,	Difficult deten.	6	3	2	....	....	....	...
VII. Diseases of the Urinary and Sexual Organs.								
Stranguria,	Painful urination	2	2	....	....	....	....	...
Nephritis Post Scar.,	Dropsy after scar.	1	1	....	....	....	....	...
Enuresis,	Dropsy after scar.	4	3	....	....	....	1	...
Catar. Vesicæ Acutus,	Catarrh of bladder	1	1	....	....	....	....	...
Calcul. Vesicæ,	Stone in bladder	1	....	1	....	....	....	...
Mastitis,	Inflamed breast	2	2	....	....	....	....	...
Hydrocele Acquisita,	Dropsy of testes	1	1	....	....	....	....	...
Spermatorrhœa,	Seminal effusion	4	2	2	....	....	....	...
Paraphymosis,		1	1	....	....	....	....	...
Metritis,	Inflammation of womb	1	1	....	....	....	....	...
Hypert. Prostat.,	En. of prostate	2	1	....	....	....	1	...
Inflam. Penis,	Inflammation of penis	1	1	....	....	....	....	...
Amenorrhœa,	Sup. of menses	1	1	....	....	....	....	...
Dysmenorrhœa,	Painful menstruation	2	....	2	....	....	....	...
Diabetes,	In. secrt'n urine	1	1	....	....	....	...	...
Leucorrhœa,	The whites	1	1	....	....	....	....	...
Prolapsus Uteri,	Falling of womb	2	1	....	1	....	....	...
Anteversio Uteri,	For. displ. womb	1	....	....	....	....	1	...
Retroversio Uteri,	" backward	1	....	1	....	....	....	...
VIII. Venereal Diseases.								
Syphilis Primaria,	Primary syphilis	1	1	....	...	....	....	...
Syphilis Secund.,	Secondary syphilis	1	1	....	....	....	....	...
Epididymitis gon.,		1	....	....	....	....	1	...
Blennorrhœa ex in.,	Gonorrhœa	4	3	....	....	....	1	...
Condylomata,		3	....	3	....	....	....	...
IX. Diseases of the Skin.								
Carbunculus,	Carbuncles	1	1	....	....	....	....	...
Urticaria,	Nettle rash	1	....	....	....	....	1	...
Acne Punctata,	Acne	1	1	....	....	....	....	...
Eczema Chronicus,	Chronic eczema	2	1	1	....	....	....	...
Impetigo,		1	....	....	....	....	1	...
Lichen,		2	2	....	....	....	....	...
Psoriasis,		2	....	2	....	....	....	...
Ichthyosis,	Fish skin	1	....	1	....	....	....	...
Crusta Lactea,	Milk crust	1	....	1	....	....	....	...
Erythema,		1	1	....	....	....	....	...
Scabies,	Itch	1	1	....	....	....	....	...
Tinea Capitis,	Scald head	2	2	....	....	....	...	...

NOMENCLATURE.		Number of cases treated.	Cured and cards returned.	Result unknown.	Relieved.	Not cured or incurable.	Still in treatment.	Died.
X. External Diseases.								
Vulnera,	Wounds	1	3	....	....	....	....	...
Panaritium,	Felons	8	5	3	....	....	....	...
Abscessus,	Abscesses	12	7	2	....	....	3	...
Contusiones,	Contusions, etc	15	6	8	....	....	1	...
Ambustiones,	Burns	1	1	....	....	....	....	...
Ulcera,	Ulcers	9	3	3	....	....	3	...
Ostitis,	Inflammation of bone	1	....	....	....	....	1	...
Varix,		1	....	1	....	....	....	...
Caries,		9	3	4	....	1	1	...
Necrosis,	Death of bone	1	....	1	....	....	...	...
Luxationes,	Dislocations	3	3	....	....	....	....	...
Morbus Coxarius,	Hip disease	3	1	....	....	....	2	...
XI. Diseases of the Eye and Ear.								
Conjunct. Cat. Acuta et Chronic,	Acute and chronic catarrh conjunct	8	7	....	....	....	1	...
Conjunctivitis puru.,	Scrofula conjunct	2	2	....	....	....	....	...
Otitis,	Inflammation of ear	3	1	2	....	....	....	...
Amblyopia et Amau.,	Diseased optic nerve	5	2	....	....	1	2	...
XII. Various Diseases.								
Ascarides,	Parasites or worms	2	1	....	....	....	1	...
Tænia,	Parasites or worms	2	2	....	....	....	....	...
Vaccinated,	28 took, 2 did not	30	....	....	....	....	....	...
Confinements,		1	....	....	....	....	....	...
Alcoholismus,	Intoxication	1	1	....	....	....	....	...
Saturnismus,	Lead poisoning	1	....	....	...	....	1	...
Operations,	Tied tong. & rem. of needle.	2	2	....	....	....	....	...

NOTE.—A few deviations from the rigorous classification will be noticed. This unimportant irregularity was made for convenience. The mark † indicates one patient of the number sent to the hospital; * indicates that an operation was made. As will be seen, the total number of cases treated is 434; of these there were cured, 249; result unknown, 97; relieved, not cured and still in treatment, 86; died, 2; total number of visits made, 169; total number of prescriptions given, 1,085. Of the deaths, one died, as will be seen by referring to the table, of enteritis. This case came into our hands too late. The second case of death was in a child. The cause was marasmus. The case came into my hands two weeks before its death. It was extremely emaciated; bowels in very loose condition; temperature, 97.6 F. Two days before death the temperature declined to 96.8 F. A case of marasmus, in a child of similar age, also presented a temperature of 97.6 F., at two examinations. At the time of writing, the case had not been seen in a week. This shows a striking similarity of temperature in the two cases.

E.

REPORT ON THE CONDITION OF THE LIBRARY.

Donations from Wm. Radde, Esq., President of the Dispensary.

1. The (homœopathic) Theory and Practice of Medicine, Vols. I. & II., by E. E. Marcy, M. D. and F. W. Hunt, M. D.

2. A Manual of Pharmacodynamics, by Richard Hughes, L. R. C. P. Ed., (Exam.) M. R. C. S. (Engl.) homœopathic.

3. A Manual of Therapeutics, by R. Hughes, L. R. C. P. Ed. (Exam.), M. R. C. S. (Engl.) homœopathic.

4. Hahnemann's Materia Medica Pura.

5. Hull's Jahr—Symptomatology.
6. Hull's Jahr—Repertory.
7. Neidhard on Diphtheria (homœopathic).
8. Dudgeon's Lectures on Homœopathy.
9. Berjeau on Syphilitic and Urinary Diseases (homœopathic).
10. Photographs of Skin Diseases (from life) by Howard Damon, M. D., 1867.
11. Leadam on Diseases of Women and Children, (homœopathic).

Journals from the President, Wm. Radde, Esq.

12. Allgemeine Homœopatische Zeitung, edited by Dr. V. Myer; Leipsig, Vols. LXXVIII and LXXIX.
13. Neue Zeitschrift for Homœopatische Klinik; edited by Dr. B. Hirschel, Dresden, Vol. XIV.
14. The British Journal of Homœopathy, London; edited by Drs. Drysdale, Dudgeon and Hughes, 1869.
15. The North American Journal of Homœopathy, N. Y.; edited by Prof. F. W. Hunt, M. D. 1868–9.
16. The Homœopathic Sun, Vol. I.
17. Journal of the Gynæcological Society of Boston, Vol. I.

From Prof. E. M. Hale, M. D., of Chicago.

18. The Materia Medica of New Remedies. Second edition (not received as yet but promised by the author).
19. Abortion and Sterility. (2d Edit.) by E. M. Hale, M. D. Prof. in the Hahnemann Med. College of Chicago. Member of various Medical and Scientific Societies, etc., etc.
20. The Great Crime of the 19th Century; same author.
21. Hale and Small's Pocket Manual.

From Prof. C. J. Hempel, M. D., of Grand Rapids, Michigan.

22. Jahr's Venereal Diseases; translated by C. J. Hempel, M. D., 1869.
23. Hempel's Materia Medica, Vol. I and II.
24. Dr. Bernhard Bahr's Therapeutics; translated by Prof. Hempel (still in printer's hands).

From Prof. A. J. Bellows, M. D., of Boston.

25. The Philosophy of Eating. 5th edition, 1869.
26. How Not to be Sick. 5th edition, 1869.

From Prof. C. G. Raue, of the Philadelphia Hom. Med. College.

27. Raue's Pathology and Therapeutics.

28. The American Journal of Homœopathic Materia Medica; edited by Profs. Hering and Martin, Philadelphia; Vols. I and II. From the editors.

29. Reynolds' System of Medicine, Vol. I.

30. Mackenzie on the Use of the Laryngoscope in Diseases of the Throat.

31. Laryngoscopy and Rhinoscopy; Rupaner.

32. Flint on Diseases of the Heart.

33. Flint on the Respiratory Organs.

34. Fuller on the Lungs and Air Passages.

35. Gross' System of Surgery, Vols. I and II.

36. Druits' System of Surgery.

37. Hamilton on Fractures and Dislocations.

38. Gray's Anatomy, Surgical and Descriptive.

39. Medical and Surgical Treatment of Women; Byford.

40. Diseases of Infancy and Childhood, by J. S. Smith, M. D., Prof. in the Bellevue Med. College, 1869.

41. Archives of Ophthalmology and Otology; edited by Prof's Knapp and Moos, New York and Heidelberg, 1869.

42. Majority and Minority Reports of the Select Committee of the Board of Ten Governors, to whom was referred the subject of introducing Homœopathy in Bellevue Hospital, January 19th, 1858. From Dr. J. T. Hotchkis, of Monroe, Orange Co., N. Y.

43. Valedictory Dddress delivered at the 20th Commencement of the Hom. Med. College of Pennsylvania; by Prof. A. R. Morgan, M. D., 1868.

44. A Report to the Metropolitan Board of Health on Vaccination; by J. P. Loines, M. D., 1868. From Dr. Seeger.

45. A Contribution to the Study of Human Milk; by Prof. T. F. Allen, M. D., 1868. From the Author.

46. Cholera at the Military Posts in the Harbor of N. Y., in the summer of 1867. Reprinted from the 2d Ann. Rep. of the Med. Board of Health, 1867 and

47. A Memorandum on Disfection, same source. Both from Dr. Seeger.

48. Monthly Homœopathic Review, London, 1867–8. From Dr. Seeger.

49. Code of Medical Ethics; Constitution, By-Laws, and list of

members of the American Institute of Homœopathy, 1869. From Dr. Seeger.

50. Code of Health Ordinances, and Rules and Sanitary Regulations, 1869. (Metropolitan Board of Health, New York.) From Dr. Seeger.

51. The Essentials of a Reliable Pathogenesis, and the proper manner of selecting the remedy, by E. M. Hale. From Dr. Seeger.

52. Studies of the Mineral Waters of Vals, by Dr. Chabannes-Valence. Printed by Jules Céas et fils. From Dr. Seeger.

53. New Remedies, Part I, their Pathogenetic Effects, by E. M. Hale, M. D. From Dr. Seeger.

54. Pott's Disease, or Angular Curvature of the Spine, by J. A. Wood, M. D., 1857. From Dr. Seeger.

55. New England Medical Gazette, Vol. IV. From the editors, Drs. Talbot, Angell and Whitney.

56. Homœopathy and the New York Board of Health on the cholera question. From Dr. B. F. Bowers.

57. Opposition to Homœopathy in New York. The Anniversary Address before the Homœopathic Medical Society of the County of New York, by B. F. Bowers, M. D., President. From Dr. Bowers,

58. Valedictory Address delivered at the Second Annual Commencement of the New York Homœopathic Medical College, by Prof. I. M. Ward, M. D. From Prof. F. W. Hunt.

59. United States Medical and Surgical Journal, No. 14. From Dr. Seeger.

60. Quarterly Journal of Psychological Medicine, Vol. I, II, III and IV.

61. Manual des New York Deutschen Pharmaceuteschen Vereins, 1858. From Dr. Seeger.

62. The Occidental. Edited by Profs. Comstock and Walker, 1869, Vol. I. From the editors, St. Louis.

63. Annual Reports of the Homœopathic Medical Society of the State of New York, 1863. From Prof. F. W. Hunt.

64. Annual Report of the Governors of the Alms House for 1850.

65. Annual Report of the German Dispensary and Hospital of the City of New York, 1864. From Dr. Seeger.

66. Report of the Central Committee for the Relief of Distress in Ireland, 1862–3. Dublin. From Dr. Seeger.

67. The Theory and Practice of Co-operative Land and Building Societies, by F. Seeger, M. D., Vice-President 3d Union Co-operative Land and Building Society, 1869. From Dr. Seeger.

68. Thirteenth Annual Report of the Bond street Homœopathic Dispensary. Founded and managed by Otto Füllgraff, M. D., 1868.

69. Seventeenth Annual Report of the New York Ophthalmic Hospital for 1868. From Prof. C. T. Liebold, M. D.

70. Medical Investigator. Various volumes from Dr. Seeger.

71. American Homœopathic Observer. Various volumes from Dr. Seeger.

72. Third Annual Report of the New York Homœopathic Infirmary for Women, 1867.

73. Sixty-first circular of the College of Physicians and Surgeons of New York; 1868.

74. The Gettysburg Spring; its History, Curative Virtue, Analysis, etc., 1867.

75. Trial and Sentence of the Rev. Stephen H. Tyng, Jr. (Vice-President of the Dispensary), Pastor of the Church of the Holy Trinity, by the Right Rev. Horatio Porter, D. D., Bishop of the Protestant Episcopal Church, Diocese of New York. From the Rev. Mr. Tyng, Jr.

76. Sixth Annual Report of the New York Society for the Relief of the Ruptured and Crippled, May, 1869. From the Chief Physician, Dr. Knight.

War Department, Surgeon-General's Office.

77. Circular No. 1.—Reports on Epidemic Cholera and Yellow Fever in the Army of United States during the year 1867.

78. Circular No. 2.—Reports on Excisions of the Head of the Femur for Gunshot Injury.

79. Circular No. 5.—Reports on Epidemic Cholera in the Army of the United States during the year 1866.

80. Circular No. 6.—Reports on the Nature and Extent of the Material available for the preparation of a Medical and Surgical History of the Rebellion.

81. Circular No. 7.—A Report on Amputation at the Hip-joint in Military Surgery.

☞ For these volumes we are indebted to the courtesy of Surgeon-General Barnes, U. S. A.

82. Der Homœopatische Arzneischatz in seiner Anwendung am Krankenbette, von Dr. Bernhard Hirschel, Leipsig, 1868.

We earnestly call upon authors, writers and editors, to donate copies of their writings and productions to our dispensary library.

We are desirous of making our institution one that homœopathists may be proud of, and we call upon them for their coöperation. Pathological specimens are also requested for the museum. Several specimens as a commencement of the museum we have, and we look to the profession to do their share. In sending specimens, the history is requested for record and publication. Also, the medical or surgical treatment of the case, with the result. Communications should be addressed to Dr. F. Seeger, 150 East 54th street, or to the dispensary, 307 East 55th street. The museum specimens are respectively from Dr. J. T. Hotchkiss, of Monroe, Orange county, N. Y., Dr. J. J. Wallace, a member of the medical staff of dispensary, and from Dr. Seeger.

Mr. William Sommer, homœopathic pharmaceutist, at 46 Beekman street, has donated a stock of tinctures to the value of fifty dollars.

Mrs. F. Seeger. Lint, linen, bandages, etc., etc. Also a clock.

William W. Jolly, Esq., manufacturer of Jolly's extract of hamemilis (witch hazel), has donated four quarts of his extract. We have used it with very satisfactory results.

Messrs. Pinckney and Moulton, coal dealers on 3d avenue, near 49th street, the dispensary is indebted to for a ton of coal, value ten dollars.

To H. M. Smith & Brother, homœopathic pharmaceutists, 105 4th avenue, the dispensary is indebted for a fine assortment of thirtieth potencies, valued at twenty-five dollars.

Charles Stursberg, Esq., homœopathic pharmaceutist, at 182 Bowery, has presented a bust of Hahnemann.

F.

Report of the Treasurer.

Receipts.

Received of R. B. Connolly, Comptroller, on account of appropriation	$1,000 00
Received of private subscriptions	665 00
Received of rent	50 00
Received of interest	3 33
	$1,718 33
Expended	1,255 96
Balance on hand	$462 37
Amount due from Comptroller on appropriation	4,000 00
Balance in Treasurer's hands	$4 462 37

Expended.

Rent	$418 00
Signs	22 00
Wall paper and hanging	22 50
Stationery, postage, etc	28 86
Printing, posting bills, etc	65 25
Painting, brushing, etc	53 09
Furniture, carpenter for fixtures, etc	172 55
Paid on account salaries	60 00
Insurance	7 00
Miscellaneous	120 76
White-washing kalsomining, etc	14 50
Medical books, journals, etc	59 45
Medicines, sugar of milk, vials, corks, powder papers, alcohol, etc	115 92
Instruments	168 00
Repairing roof	21 00
Plumbing	5 08
	$1,255 96

Money Donations from Private Sources.

Total	$665 00

ARTICLE XLIII.

Report of the Tompkins' Square Homœopathic Dispensary. By Otto Füllgraff, Medical Director.

See report of the Bond Street Homœopathic Dispensary, article XXXVII.

ARTICLE XLIV.

Report of the Western Homœopathic Dispensary.

OFFICERS.

President.—D. D. T. Marshall, Esq.
Vice-President.—J. S. Allen, Esq.
Treasurer.—J. W. Goddard, Esq.
Secretary.—H. M. Hitchcock, M. D.
Visiting Physician.—H. Rickaby, M. D., 51 East 20th street.
House Physician.—T. Haughton, M. D.
Attending Physicians.—H. M. Hitchcock, M. D.; W. Freeman, M. D., 43 W. 24th street; R. Blakelock, M. D., 262 W. 24th street; J. R. Wood, M. D., 188 W. 11th street; C. C. Kiersted, M. D., 238 W. 26th street; C. T. Liebold, M. D.; Alonzo E. Miner; W. N. Guersey, M. D.

No report has been furnished. (Recording Secretary.)

ARTICLE XLV.

Report of the New York Homœopathic Medical College. By Jacob Beakley, M. D., Dean of the Faculty.

Incorporated 1859. Located at 151 East Twentieth street, New York city.

A. OFFICERS.
B. TENTH ANNUAL ANNOUNCEMENT.

A.

OFFICERS.

Board of Managers.—President: Hon. William Cullen Bryant.
Vice-President.—S. H. Wales, Esq.
Recording Secretary.—Edmund Dwight, Esq.
Treasurer.—H. N. Twombly, Esq.
Managers.—Professor Theo. W. Dwight, LL. D.; Edward H. Ludlow, Esq.; Hon. A. Oakey Hall; Edmund Dwight, Esq.; Professor Horace Webster, LL. D.; D. D. T. Marshall, Esq.; Hon. James M. Smith; James A. Robinson, Esq.; George Griswold, Esq.; John Bissell, Esq.; Ralph Mead, Esq.; D. Louis Pettie, Esq.; Orson D. Munn, Esq.; Charles E. Frame, Esq.; William DeGroot, Esq.; Benjamin H. Walcott, Esq.; Jonathan Sturges, Esq.; John D. Van Buren, Esq.

Faculty of Medicine.—J. Beakley, M. D., Professor of Surgery and Surgical Pathology; D. D. Smith, M. D., Professor of Obstetrics and Gynæcology; Samuel B. Barlow, M. D., Prof. of Materia Medica and Therapeutics; James H. Ward, M. D., Prof. of Practice of Medicine; F. W. Hunt, M. D., Professor of Medical Jurisprudence and Psychological Diseases; Henry N. Avery, M. D., Professor of Physiology; James A. Carmichael, M. D., Professor of General and Microscopic Anatomy; Charles Avery, LL. D., Professor of Chemistry and Toxicology; Charles J. Mansfield, M. D., Demonstrator of Anatomy; G. N. Tibbals, M. D., Professor of Surgery; William Brinck, M. D., Assistant Chemist.

Censors.—B. F. Bowers, M. D.; E. E. Marcy, M. D.; Samuel Lilienthal, M. D.

Janitor.—Enos Hall.

B.

TENTH ANNUAL ANNOUNCEMENT.

The Managers of the New York Homœopathic Medical College have great reason to express their gratification, on this their Tenth Annual Announcement, at the success that has attended this institution from its first organization, and has awakened confidence that its future will be no less auspicious and successful.

During the past year some amendments have been made in the original charter,* which will afford increased facilities and advantages to the medical student in the prosecution of his studies and the benefits accruing from a well regulated and thorough course of instruction.

The curriculum embraces eight distinctive chairs, giving each chair the privilege of an adjunct professor, to enable him to lighten his labors in the minor though not less important department of his duties.

The faculty, as at present organized, is constituted of gentlemen of acknowledged ability in every department of medical science, both immediate and collateral; several of whom have devoted almost half a life time to the labors of teaching, know of what they speak, and therefore are the better enabled to point out the truth of the great law *similia similibus curantur*.

The public charities of the city of New York offer a wide field for the practical study of disease. By a special act of incorporation the students of this college have the same privileges, in common with students of other medical colleges of this city, to walk the wards of Bellevue Hospital, and other public charities, without any additional expense.

The Trustees of the New York Ophthalmic Hospital have placed that institution under the exclusive charge of competent homœopathic physicians and surgeons, and students will therefore enjoy especial opportunities of acquiring a practical knowledge of diseases and injuries of the eye, and their medical and surgical treatment.

Attendance at dispensaries, stated clinical instruction, medical, surgical, and obstetrical, will form a prominent and invaluable feature in the course of instruction, and opportunities will be afforded to students of observing and treating cases under the supervision of the professors.

* The charter is published in this volume, under the title "Laws of 1869, relating to the Practice of Medicine and Surgery."

The Trustees feel assured that no efforts will be withheld on the part of the members of the faculty to render their teaching efficient and conducive to the best interests and advancement of those who may seek their instructions.

SURGERY. JACOB BEAKLEY, M. D.

This chair will instruct in the principals of surgical diseases and their therapeutics, operative surgery, and surgical pathology.

Operations will be given on the *cadaver*, and students who desire will have an opportunity of performing all operations under the immediate supervision and instruction of Professor E. C. Franklin, M. D., author of Homœopathic Surgery, who will be permanently connected with the chair of operative surgery.

OBSTRETRICS AND DISEASES OF WOMEN. D. D. SMITH, M. D.

This chair will embrace everything appertaining to conception, gestation, and parturition. It will be his especial aim to present whatever is recent in discovery, and afford opportunity to acquire a practical and thorough knowledge of whatever may be required of the young practitioner in this responsible department of his profession. Manipulations, and the use of instruments will be fully demonstrated.

A most perfect and complete set of instruments is furnished by this chair.

MATERIA MEDICA. SAMUEL B. BARLOW, M. D.

This department will be devoted to the description of drugs, their botanical arrangement, and their pathognomonic action.

It will be the object of this chair to point out the symptoms accruing in disease, which will be accurately met by the remedy, in accordance with the law of *similia*.

A practical pharmaceutist is engaged to instruct in the method of preparing medicines. Each remedy will be exhibited to the class, and the time of gathering individual plants will be pointed out, and their method of curing and preparing fully explained.

MEDICAL JURISPRUDENCE. F. W. HUNT, M. D.

The professor of medical jurisprudence and psychological diseases, will endeavor to apply to all legal questions, which demand medical knowledge for their solution, the clear principles of moral

right, the scientific accuracy, and the analytical precision heretofore employed in the medico-legal investigations. His efforts will be directed to meet the requirements of law by employing, where available, the resources of medicine.

He will also undertake to show that psychological diseases are always associated with physical disorder, and, therefore, as susceptible of correct diagnosis and curative treatment as other diseases.

INSTITUTES AND PRACTICE OF MEDICINE. J. H. WARD, M. D.

The chair will teach the "principles and practice of medicine." This will include pathology, the principles of "direct and differential diagnosis," and therapeutics.

This chair will honestly endeavor to instruct the student in all the known methods of investigating disease; to give him a clear view of altered structure and deranged function; the true import and value of the symptoms in applying suitable and well "proved" remedies to the cure of disease, according to the homœopathic art. In short, it will be the sole purpose of this chair to furnish the student with a full and comprehensive knowledge of whatever may be necessary to make him a thorough practical physician.

ANATOMY: PRACTICAL, MICROSCOPICAL, REGIONAL AND DESCRIPTIVE. JAMES CARMICHAEL, M. D.

There is no city in America which admits of so liberal a provision for the practical anatomist as New York. This is one advantage which our college possesses over all similar homœopathic institutions in the United States; and as dissection is the best means of obtaining any anatomical information whatever, and the only means of attaining to a correct knowledge of many essential facts, the importance of this advantage cannot be over estimated.

A popular and efficient demonstrater is employed for the coming session, who will attend nightly to the students during the dissecting hours.

In order to display the most profound facts of the human economy, there will be constant reference to microscopical anatomy. The method of using the microscope will be carefully explained, and illustrations will be liberally provided.

The less essential facts of this department will be left where they belong, in the monographic and exhaustive works upon this subject; but all of the significant truths which should at all times be fresh in

the minds of a surgeon, obstetrician, physiologist or practicing physician, will be presented to the attention of the students in every way which art can invent or capital supply for making an abiding impression.

PHYSIOLOGY. HENRY N. AVERY, M. D.

This department will receive special attention, and every opportunity will be afforded the student to acquire a thorough and practical knowledge of the subject; vivisections will be made when considered necessary by the professor.

A complete set of drawings, showing the different degrees of development of each organ, has been added to this department, so that the subject can be easily comprehended and made the more interesting.

Dr. I. S. P. Lord will fill the adjunct professorship in this department, and deliver during the session a series of lectures on microscopical and cellular pathology. Dr. Lord's reputation as a pathologist is sufficient guaranty that this subject will be made interesting and instructive.

CHEMISTRY. CHARLES AVERY, LL. D.

A full course upon this important subject will be fully illustrated with all the necessary apparatus.

In toxicology, all necessary tests and antidotes will be treated of, and nothing omitted that will prove of any practical advantage to the student.

For further information relative to the affairs of the college, all letters must be addressed to the dean.

REGULATIONS OF THE COLLEGE.

The regular course of lectures will commence on the fifth day of October, and end on the first of March ensuing.

Candidates for graduation must be twenty-one years of age, of good moral character, having studied medicine three years with an accredited physician, and attended two full courses of lectures, one of which must be in this college.

Each candidate, upon making application, must exhibit his tickets to the dean, or give other satisfactory evidence that the above regulations have been complied with.

The candidate, on or before the first of February, must deliver to

the dean of the faculty a thesis composed by himself, and in his own handwriting, on some medical subject, which shall be referred to the faculty for examination.

The fee for graduation must be paid at the time of presenting his thesis, and in the event of his rejection, the money shall be returned.

In unsatisfactory cases, a candidate may avail himself of a second examination before the whole faculty, with their consent.

Notice of each satisfactory examination shall be given by the dean to the successful candidate, and he shall record his name and address upon the register of graduates, with the title of his thesis.

The names of the successful candidates are to be reported by the dean to the council, in order that, if approved by them, their mandamus may be issued for conferring the degree.

No candidate shall absent himself from the commencement, except by permission of the faculty.

Students who have attended two full courses in this college, or one full course in this college, and one in some other accredited school, will be required to matriculate only.

The matriculation ticket must first be obtained of the dean, before the purchase of any other ticket.

The tickets must be taken by the first Monday in November, to constitute a full course.

Amount of fees for a full course of lectures (invariably cash).	$100 00
Matriculation fee	5 00
Practical anatomy (material fee)	5 00
Graduation fee	30 00
Graduates of other medical colleges	30 00
Students who have attended two full courses at other medical colleges	50 00

TEXT BOOKS.

Anatomy.—Gray's Anatomy, Kölliker's Microscopical, Holden's Osteology, Holden's Manual of Dissection.

Physiology.—Dalton's Human Physiology, Carpenter's.

Pathological Anatomy.—Virchow's Cellular Pathology, Paget's Surgical Pathology.

Surgery.—Franklin's, Druitt's, Erichsen's, Gross'.

Theory and Practice of Medicine.—Marcy and Hunt, Hughes, Flint, Reynolds.

Diseases of Women.—Jahr's Diseases of Females; Hartman's Diseases of Children; Teste's Diseases of Children.

Midwifery.—Guernsey, Cazeaux.

Materia Medica.—Hahnemann's Works, Lippe's Materia Medica, Hale's Materia Medica, Hempel's Materia Medica.

Diagnosis.—Raue Special Pathology and Diagnostics, Da Costa.

Chemistry.—Bowman's Medical Chemistry, Bowman's Practical Chemistry, Lehman's Physiological Chemistry.

Medical Jurisprudence.—Taylor's, Beck's.

Botany.—Gray's Manual of the Botany of the United States.

Graduates and Titles of their Theses.

Class 1868–9.—L. Arthur Clark, Drug Proving; James J. Clark, Anæsthesia; Arthur B. Cossart, Scarlatina; * Garrett D. Chrispell; *A. W. Gray; Charles A. Dorman, The Elevating Influence of Homœopathy; Jacob M. R. Gedney, Syphilis; J. H. Gallinger, M. D.; *Nathaniel Green; O. R. Gross, Phthisis Pulmonalis; Nelson Hunting, Pneumonia; Holmes M. Jernegan, Primary Syphilis; Charles J. Mansfield, Diagnosis; Thomas J. Merryman, M. D., Why, When and What to Drink; John M. Miller, Concussion of the Brain; * Thomas E. Pomeroy, M. D.; Norton C. Ricardo, Neuralgia Facialis; James B. Robinson, Typhoid Fever; Henry Saltzwedel, Intermitting Fever; Ferdinand Seeger, Pathology of the Pneumogastric Nerve; James T. Shuman, Influence of the Mind on the Body; St. Clair Smith, The Higher Potencies; Alpheus D. Smith, Abortion; George H. Smith, Gun Shot Wounds; Oliver Smith, Typhoid Fever; Edward H. Spooner, Carbolic Acid; Frank H. Thomas, Carbolic Acid; Samuel W. Thurber, The Temperaments; Gilbert R. Traver, Pneumonia; Henry Tucker, Physiological Action of Alcohol.

* Special degree.

ARTICLE XLVI.

Report of the New York Ophthalmic School and Hospital. By T. F. Allen, M. D.

Incorporated April 21, 1853. Under Allopathic Direction prior to 1857; under Homœopathic Direction since that time. Located at 387 Fourth avenue, corner of Twenty-eight street, New York city.

EIGHTEENTH ANNUAL ANNOUNCEMENT. SESSION 1869–70.

The Trustees of this institution take pleasure in announcing, that the eighteenth annual course of instruction will commence on Saturday evening, November 6th, 1869, and continue through the winter.

Lectures will be delivered on Wednesday and Saturday evenings, from eight to nine.

Prof. C. Theodore Liebold, Injuries of the Eye, Sympathic Ophthalmia and Operative Surgery of the Eye.

Prof. T. F. Allen, Diseases of Retina and Chorioidea, and use of the Ophthalmoscope.

Prof. J. McE. Wetmore, Diseases of the Cornea, Iris and Lens.

Prof. C. A. Bacon, Anatomy of the Eye and Anomalies of Refraction and Accommodation.

Prof. Henry C. Houghton, Diseases of the Ear.

The Board of Consulting Surgeons, consisting of Drs. P. P. Wells, H. D. Payne, G. E. Belcher and Carroll Dunham, will, during the session, deliver lectures on the materia medica as applied to the eye, and on other selected subjects.

Special clinical instruction will be given at two P. M., on Monday, by Dr. Liebold; Tuesday, by Dr. Houghton; Wednesday, by Dr. Allen; Thursday, by Dr. Bacon; Friday, by Dr. Wetmore.

The large number of patients daily prescribed for in this hospital affords an extensive field for observation and instruction, which the attending surgeons will render valuable to students who wish to avail themselves of its advantages.

Tickets to the clinics may be had gratuitously on application to any of the surgeons.

Tickets for the course of lectures, five dollars. Students who attend the lectures will also be permitted to witness operations.

At the close of the session, those who shall pass a satisfactory public examination before the boards of attending and consulting surgeons, will, on payment of ten dollars, receive from the Trustees the regular diploma of the school.

Graduates of regular medical colleges will be admitted to the lectures free of charge.

ARTICLE XLVII.

Report of the Consumptive's Home. By Charles C. Cullis, M. D., Founder and Attending Physician.

Established in 1864. Located at No. 11 Willard street, Boston, Mass.

A. HISTORY.
B. CHILDREN'S HOME.
C. YEARLY RECORD OF CASES TREATED.
D. CONSUMPTIVE'S HOME DISPENSARY.

A.

HISTORY.

The Consumptive's Home was established in 1864, for the care of indigent cases of phthisis, there being no place in this city for this class of sufferers, except the alms house.

The purchase of a three story brick dwelling house, capable of accommodating ten patients, was the commencement of the work; the second year an adjoining building was purchased and connected, the two houses containing twenty-three beds; the third year another building, in the rear of the second house, was bought and added, and last year, being the fourth, the house in the rear of the first building was purchased, making the square complete. The space between the four houses has been built up, making a very excellent chapel for religious services, and also serving to aid ventilation.

The four female wards open into the chapel. The males occupy the next story above.

How Sustained.—The work is supported entirely by voluntary contributions.

B.

CHILDREN'S HOME.

During the progress of the work, the need being felt, a building was purchased in the same street, for the care of the children of the patients, while their parents are inmates of the Consumptive's Home.

In case of the death of the patient, the children become permanent inmates of the Children's Home, to be cared for until they are of age.

C.

YEARLY RECORD OF CASES TREATED.

For the year ending September 30, 1865.

Number of patients	discharged	8
" "	relieved	2
" "	cured	2
" "	died	13
" "	remaining	9
" "	received for the year	34

For the year ending September 30, 1866.

Number of patients	discharged	22
" "	relieved	13
" "	cured	9
" "	died	29
" "	remaining	15
" "	during the year	88

For the year ending September 30, 1867.

Number of patients	discharged	23
" "	relieved	13
" "	cured	3
" "	died	29
" "	remaining	13
" "	during the year	81

For the year ending September 30, 1868.

Number of patients	discharged	64
" "	relieved	14
" "	cured	3
" "	died	60
" "	remaining	24
" "	during the year	165

For ten months ending August 1, 1869.

Number of patients	discharged	13
" "	relieved	31
" "	cured	3
" "	died	44
" "	remaining	32
" "	during the year	123

Total number of patients since the opening of the Home in 1865, *nearly five years:*

Total number of patients			discharged	132
"	"	"	relieved	73
"	"	"	died	175
"	"	"	cured	18
"	"	"	remaining	32
"	"	"	treated	430

The number of cases reported cured may seem small, but it must be remembered that almost all cases admitted to the Home are in the last stage of the disease, and even then their dying beds are made so comfortable, by the blessing of God upon the means used, that there is comparative but little suffering.

D.

CONSUMPTIVE'S HOME DISPENSARY.

In March 1868, a dispensary was opened for out patients, to be called "The Consumptive's Home Dispensary," which has been under the charge of G. M. Pease, M. D.

Since the opening of this branch of the work two hundred and twenty-nine patients have been treated, and five hundred and sixteen prescriptions given; also ten surgical operations performed.

Most of the patients have reported themselves cured.

ARTICLE XLVIII.

Albany County Medical Society.

Organized 1860. Embraces the counties of Albany, Schenectady and Schoharie. Annual meeting, second Tuesday in January; quarterly meetings, second Tuesday in April, July and October.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS FOR 1869; PROCEEDINGS OF THE NINTH ANNUAL MEETING, HELD JANUARY 18, 1869; PROCEEDINGS OF THE QUARTERLY MEETING, HELD JULY 27, 1869.

C. CLINICAL REPORT; CASE FROM PRACTICE, BY G. A. COX, M. D.

A.

OFFICERS AND MEMBERS—1869.

President.—Dr. J. N. White, Amsterdam.

Vice-President.—Dr. G. A. Cox, Albany.

Secretary and Treasurer.—Dr. H. M. Paine, Albany.

Censors.—Drs. J. F. McKown, H. Swits, and W. S. Baker.

Delegate to the State Medical Society.—Dr. J. N. White.

Delegates to the American Institute.—Drs. J. N. White, H. M. Paine, and L. M. Pratt.

Delegate to the Homœopathic Medical Society of Northern New York.—Dr. J. N. White.

Honorary Members.

Drs. Henry D. Paine, 229 Fifth avenue, New York.
J. H. A. Graham, Berne, Albany county.

Members

Drs. Henry D. Paine*			1860
David Springsted, 72 Hudson street,	Albany,	Albany Co.	1860
E. Darwin Jones, 140 State street,	"	"	1860
Lester M. Pratt, 58 Columbia street,	"	"	1860
James W. Cox, 109 State street,	"	"	1860
William H. Randel, 1 Clinton square,	"	"	1860
John S. Delavan, 77 Columbia street,	"	"	1865
Horace M. Paine, 104 State street,	"	"	1865
William S. Baker, Cohoes, Albany county			1865

* Removed.

Drs. J. C. Butler* 1867
H. B. Horton, * Kinderhook, Columbia county 1867
Harman Swits, Schenectady, Schenectady county 1867
Joseph H. White, Amsterdam, Montgomery county 1867
James F. McKown, 297 Hamilton st., Albany, Albany Co. 1868
Porter L. F. Reynolds, 74 Westerlo st., " " 1869
Nelson Hunting, Gallupville, Schoharie county 1869
George A. Cox, 109 State street, Albany, Albany Co 1869

B.

Report of Transactions for 1869.

Annual Meeting.

The annual meeting of the Society was held at the City Dispensary, Tuesday evening, January 18, 1869; Dr. Pratt, senior censor, in the chair.

The minutes of the last meeting were read and approved.

On motion, the Society proceeded to the election of new members. Dr. G. A. Cox was elected a member, and, on signing the constitution and paying the initiation fee, became entitled to all the privileges of membership.

The report of the treasurer was presented, showing the receipt of $16.92, and expenditure of $16.92. Report accepted.

A list of officers elected is published on page 512.

On motion, the president was authorized to appoint medical committees, in sufficient number to embrace all the members of the Society.

On motion, the meeting adjourned.

Quarterly Meeting.

A quarterly meeting of the Society was held at the City Dispensary, Tuesday evening, July 27, 1869; the president, Dr. White, in the chair.

The minutes of the last meeting were read and approved.

Drs. Reynolds and Hunting were nominated and elected members of the Society.

The president announced the appointment of the following medical committees:

Drs. E. D. Jones, Chronic Catarrh.
H. M. Paine, Medical Electricity.
L. M. Pratt, Pneumonia.
W. H. Randel, Dysentery.

* Removed.

Drs. H. Swits, Typhoid fever.

J. F. McKown, Electrical Fluctuations of the Atmosphere in connection with Prevailing Diseases.

W. S. Baker, Puerperal Peritonitis.

James W. Cox, History and Treatment of Syphilis.

George A. Cox, Dropsy.

Joseph N. White, Diseases of the Kidneys, in connection with Paralysis.

P. L. F. Reynolds, Inflammatory Rheumatism.

Nelson Hunting, Uterine Diseases.

On motion, the meeting adjourned.

C.

CLINICAL REPORT.

Case from Practice, by George A. Cox, M. D., of Albany.

Mrs. L——, aged twenty-one at marriage, and previously healthy. I learned that she first consulted my preceptor, July 3d, 1867. Upon examination, he found ulceration of the os uteri. His prescription was nitric acid, fifty drops to the ounce of distilled water; ten drops to be taken night and morning, with daily vaginal injections of pure cold water, administered while in a recumbent posture, using at least a pint of water each time. This was continued, with steady improvement, until August 29th, when, to a pint of water was added ten grains of zinc. sulph., on account of leucorrhœa.

About that time, the patient became pregnant. Upon inquiry, I learned that the patient had previously suffered from two miscarriages at the second and third months; consequently gave her particular directions as to the care of herself. Nothing unusual occurred. The patient was very well indeed to the time of confinement.

June 4, 1868.—Was called at three A. M.; learned that the labor pains commenced at eleven, A. M., the day previous, and continued, at regular intervals of fifteen minutes, until twelve o'clock, when the membranes were ruptured. The pains became more frequent during the afternoon, and at nine o'clock in the evening, the head had reached the inferior strait. At that time the patient complained of blindness, and numbness in lower limbs.

At ten P. M., patient was seized with a violent convulsion, which lasted twenty-five minutes, at the expiration of which time, having administered ether, she was delivered, with instruments, of a healthy living male child.

The placenta followed in the course of five minutes; moderate flowing; when about to apply the bandage, she was taken with another convulsion, which lasted fifteen minutes; gave belladonna,[3] and left at twelve o'clock, the patient sleeping, pulse eighty-five and quiet. At three o'clock she was seized with another convulsion, but of shorter duration than the preceding ones; gave stramonium.[3]

June 5.—On making the morning call, found patient feverish, nervous and delirious; gave aconite and stramonium,[3] alternately, and as no urine had been voided, introduced the catheter.

June 7 and 8.—Remedies the same; breasts slightly swollen, slight secretion of milk; bowels tympanitic. Gave enema of pure water.

June 9.—Feverish; nervous, flighty; retention of urine. Introduced catheter; gave gelseminum and cantharides.[3]

June 10.—Feverish, restless during the night. Gave aconite and ignatia,[3] and introduced the catheter.

June 11 and 12.—Continued the same.

June 13, 14 and 15.—Feverish; retention of urine. Gave aconite and cantharides,[3] and twice daily used the catheter.

June 16.—Threatening phlegmasia alba dolens. Leg painful from the hips down, swollen stiff, nearly the size of her body, white or ash colored. The tongue dry; pulse 135. Gave arsenicum and rhus.[3]

June 17.—All these symptoms relieved; swelling of the limb subsiding. Continued arsenicum,[3] in alternation with belladonna.

June 18.—Continued belladonna.[3] Steadily improving from the first. The pulse ranged over 125 for three weeks, apparently depending upon puerperal peritonitis and inflammation of the surrounding parts. There being no secretion in the mother's breasts, the child was fed on cow's milk until the forty-third day, when the mother, who was then able to attend to her household duties, feeling a fullness in the breasts, examined, and finding milk, applied the child, who took hold and nursed readily from that time, and is now growing finely. The mother states that she has a copious secretion of milk, enough to nourish two children.

The peculiarity of this case is the return of the milk after an absence of forty-three days; also the recovery in spite of the bad nursing. I would observe that enemata of pure water were given as often as every second day, and a vaginal injection of rose water for the offensive lochial discharge.

ARTICLE XLIX.

Broome County Medical Society.

Organized 1853. The annual meeting is held on the third Tuesday in October.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORT:

IS SCARLATINA CONTAGIOUS? BY GEORGE F. HAND, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Stephen D. Hand.
Vice-President.—Dr. H. S. Sloan.
Secretary and Treasurer.—Dr. T. L. Brown.
Censors—Drs. Ira W. Peabody, T. L. Brown and J. D. Vail.
Delegate to the State Medical Society.—Dr. T. L. Brown.

Honorary Members.

W. C. Doane, M. D., Washington, D. C.
H. C. Champlin, M. D., Washington, D. C.

Members.

Drs. Titus L. Brown, 45 Collier street, Binghamton, Broome county.
Stephen D. Hand, 20 Collier street, " "
George F. Hand, " " " "
Ira W. Peabody, 10 Walnut street, " "
Henry S. Sloan.
Theodore P. Knapp, Union, Broome county.
E. B. Nash, Harpersville, "
Stoddard Pratt, Center Lisle, "
J. D. Vail, Montrose, Pennsylvania.

B.

CLINICAL REPORT.

Is Scarlatina Contagious? By George F. Hand, M. D., of Binghamton.

I have a nut for those practitioners to crack who declare that scarlet fever is not contagious. It is in the shape of a brief report of a series

of cases which occurred in my practice during the past summer. The disease first visited a family on Pine street, in the third ward of this city. A relative, in the enjoyment of good health, residing in the fifth ward, more than a mile distant, took care of the sick ones, a night or two, only. Two weeks after, she was attacked with the disease; two or three weeks further on, her husband; and nearly four weeks later, her child. These were the only cases I could hear of in the ward, although I made diligent inquiry. During the lady's illness, her mother, residing three miles from the city, across two rivers, made her a visit of a few days. She returned to her home, and in ten days was prostrated with the fever. Within two or three days, a little boy, and soon afterward two other older members of the family, were attacked. The husband escaped altogether. A month or more after the recovery of the last patient, a young woman came to live with the family; in the course of a few days, she, too, was stricken down with the disease. These were all the cases that occurred in that vicinity, for the neighbors avoided the house as they would a small-pox hospital.

From the above statement of cases, I am confirmed in the following conclusions:

First. Scarlatina is contagious.

Second. The contagious principle retains its virulence for a long time. The young lady last mentioned is supposed to have contracted the disease from occupying the couch of one of those previously afflicted.

Third. The period of incubation is variable, being, in the above cases, from two days to four weeks.

Fourth. Certain idiosyncrasies of constitution seem to exempt those possessing them from disease.

ARTICLE L.

Cayuga County Medical Society.

Organized 1859. Annual meeting, second Tuesday in June. Quarterly meetings, second Tuesday of September, December and March.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORTS:

PARTURITION, BY E. P. K. SMITH, M. D.

CORROBORATIVE EVIDENCE OF ACONITE IN CHOLERA, BY C. W. BOYCE, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. C. William Boyce.

Vice-President.—Dr. P. Oscar C. Benson.

Secretary and Treasurer.—Dr. William M. Gwynn.

Censors.—Drs. C. W. Boyce, H. B. Fellows, P. H. Peterson and H. Robinson, Jr.

Delegates to the State Medical Society.—Drs. C. E. Swift and William M. Gwynn.

Delegates to the Onondaga County Medical Society.—Drs. H. Robinson, Jr., A. J. Brewster, and E. P. K. Smith.

Delegates to the Oneida County Medical Society.—Drs. C. W. Boyce, H. B. Fellows, and C. E. Swift.

Delegates to the Wayne County Medical Society.—Drs. H. Robinson, Jr.. P. H. Peterson, and William M. Gwynn.

Committees.—Drs. Fellows, Boyce, Benson, Swift, H. Robinson, Jr. and Strong, on Materia Medica. Drs. Robinson, Smith, Brewster, P. H. Peterson, and Gwynn, on Prevailing Epidemics.

Honorary Members.

Drs. Carroll Dunham, New York; Henry M. Smith, New York; Lyman Clary, Syracuse; A. R. Morgan, Virginia; H. M. Paine, Albany; Bernhardt Fincke, Brooklyn; T. N. Calkins, Auburn; E. R. Heath, Wyandotte, Ka.; H. H. Heath, Seneca Falls; L. B. Wells, Utica; Hon. T. M. Pomeroy, Auburn, and Hon. W. P. Robinson, Auburn.

Members.

Drs. Horatio Robinson, 132 Genesee street, Auburn.
Horatio Robinson, Jr., 132 " "
C. William Boyce, 18 South street, "
Charles E. Swift, corner of Genesee and William sts., Auburn.
Ezra P. K. Smith, 132 Genesee street, Auburn.
A. J. Brewster, Cato.
P. H. Peterson, Union Springs.
George H. Parsell, Weedsport.
D. O. K. Strong, Owasco.
H. Barton Fellows, Chicago, Illinois.
William M. Gwynn, Throopsville.
E. A. Mead, Moravia.
George Hewitt, Genoa.
P. Oscar C. Benson, Skaneateles, Onondaga county.

B.

Clinical Report.

Parturition. By E. P. K. Smith, M. D., of Auburn.

Mrs. C——, of Fleming, Cayuga county, N. Y., nineteen years of age, was confined in January, 1867; first child. Nothing unusual attended her accouchment; everything denoted that she was getting along finely, until the third day following, when she was attacked with paralysis. The right side became entirely paralyzed; there was an apparent total abolition of the functions of voluntary motion and special sensation. The patient could not articulate so as to be understood. I gave her one powder of rhus tox.,[3] in one-half tumbler of water; prescribed a teaspoonful once in two hours. This was the only remedy employed, and the only prescription in the case. Patient recovered; her improvement became manifest during the first day's treatment, and at the end of three days she had recovered speech, sensation and voluntary motion. She has borne one child subsequently, with no return of symptoms of paralysis.

Mrs. T——, of Auburn, N. Y.; born at St. Albans, Vermont; parents of French descent; was married at the age of twelve years; weighing ninety-three pounds. Called to visit her professionally, Sunday, January 31st, 1869. I found her in the pains of childbirth, her labor lingering, but not unusually severe; protracted, however, through fifty-two hours; otherwise, nothing marked in her

case distinguishing it from those of older women. Her age at this time was thirteen years and six months. Patient was delivered of a lively, healthy daughter weighing seven pounds. It is perhaps needless to mention that this was her first-born.

Corroborative Evidence of Aconite in Cholera. By C. W. Boyce, M. D., of Auburn.

During the summer of 1864, Dr. H. Robinson, of Auburn, was attacked with sporadic cholera. At the end of forty-eight hours he was in a state of collapse, and seemed to be rapidly sinking. No remedy relieved him until he received two teaspoonsful of a solution of two drops of the tincture of the root of aconite in one-half glass of water. This revived him at once, and he soon convalesced. Dr. R. vomited, almost constantly, a green fluid, and passed from the bowels a fluid of the same color. He was cold, yet seemed to himself to be burning hot. There was thirst and restlessness.

On August 28, 1864, Mrs. William J—— was attacked with sporadic cholera. The symptoms progressed in spite of all remedies administered, until collapse came on. For twenty-four hours there seemed to be scarcely vitality enough to indicate life. The great characteristic of the case was a feeling or sensation of heat in the whole system, so great as to demand the removal of all covering. There was cold, clammy sweat; a sense of positive coldness to the hand of the spectator, but to the patient a sensation of burning; there was excessive thirst, yet could retain nothing in the stomach. No remedy yet given had controlled the case in the least. Secale was not given. At this stage of the case, two drops of the mother tincture of the root of aconite was added to half a tumbler of water, and of this mixture two teaspoonsful were given every half hour. Mrs. J—— remarked in a whisper, almost as soon as she had swallowed the aconite: "That has gone all over me." She convalesced at once, and is certain that the aconite saved her life, and her physician is of the same opinion.

ARTICLE LI.

Chautauqua County Medical Society.

Organized 1868. Annual meeting, third Thursday in June. Other meetings at the call of the president, on the written request of three members.

A. OFFICERS AND MEMBERS.
B. REPORT OF TRANSACTIONS.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Cornelius Ormes.

Vice-President.—Dr. John T. Blakeney.

Secretary and Treasurer.—Dr. F. D. Ormes.

Censors.—Drs. E. L. Lakin, George A. Hall, A. F. Ward, R. J. Curtis, and F. D. Ormes.

Delegates to the State Medical Society.—Drs. W. S. Hedges, Geo. A. Hall, and A. F. Ward.

Committees.—Drs. A. F. Ward, George A. Hall, and R. J. Curtis, Bureau for the Improvement of the Materia Medica; J. T. Blakeney, George A. Hall, and A. S. Couch, Clinical Medicine; C. P. Graves, Diphtheria; A. S. Couch, Surgery; E. L. Lakin, Diseases of the Throat; J. T. Blakeney, Ulcers; F. D. Ormes, New Remedies.

Members.

Drs. Cornelius Ormes,	Jamestown,	Chautauqua county.
W. S. Hedges,	"	"
Alva F. Ward,	"	"
F. D. Ormes,	"	"
E. L. Lakin,	"	"
John T. Blakeney,	Dunkirk,	"
George A. Hall,	Westfield,	"
C. P. Graves,	"	"
Asa S. Couch,	"	"
E. S. Brown,	Fredonia,	"
Reuben D. Landon,	Fredonia,	"
Rinaldo J. Curtis,	Mayville,	"
Charles Parker,	Panama,	"

B.

REPORT OF TRANSACTIONS FOR 1869.

At their annual meeting, Dr. A. F. Ward was appointed delegate to the State Society.

Cases of practice and surgery were reported by several members. A case of dropsy was reported by the president, and a case of pericarditis, successfully treated with lycopodium.[22]

ARTICLE LII.

Chemung County Medical Society.

Organized 1866. Embraces Chemung and Schuyler counties. Annual meeting, second Tuesday in December. Semi-annual meeting in June.

A.

Officers and Members—1869.

Officers.

President.—Dr. Orlando Groom.

Vice-President.—Dr. N. R. Seeley.

Secretary and Treasurer.—Dr. Henry Sayles.

Censors.—Drs. William Gulick, H. Sayles, T. W. Read, O. Groom, N. R. Seeley.

Delegate to the State Society.—Dr. N. R. Seeley.

Members.

Drs. Henry Sayles, Elmira, Chemung county.
N. R. Seeley, " "
Edward D. Leonard, Elmira "
G. H. Parkhurst, " "
T. W. Read, Big Flats, "
Orlando Groom, Horseheads, "
Edwin W. Lewis, Watkins, Schuyler county.
William Gulick, " "
G. Adolphus Tracy, Logan, "
Arthur P. Hollett, Havana, "
J. L. Corbin, Athens, Pennsylvania.

ARTICLE LIII.

Columbia County Medical Society.

Organized 1864. Embraces the counties of Columbia and Greene. Annual meeting, first Tuesday in October. Semi-annual meeting, second Tuesday in May.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS FOR 1869:

PROCEEDINGS OF THE SEMI-ANNUAL MEETING, MAY 11, 1869.

PROCEEDINGS OF THE ANNUAL MEETING, HELD OCTOBER 19, '69.

C. CLINICAL REPORTS:

CASES OF RHEUMATISM, BY H. B. HORTON, M. D.

CASE OF COMPOUND FRACTURE, BY H. B. HORTON, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. W. H. Barnes, Chatham.

Vice-President.—Dr. H. B. Horton, Kinderhook.

Secretary.—Dr. T. T. Calkins.

Treasurer.—Dr. A. P. Cook, Hudson, Columbia county.

Censors.—Drs. James Green, T. T. Calkins, and C. P. Cook.

Delegates to the State Medical Society.—Drs. W. H. Barnes and H. B. Horton.

Delegate to the American Institute of Homœopathy.—Dr. A. P. Cook.

Members.

Drs. Abijah P. Cook, Hudson, Columbia county.
Chas. P. Cook, " "
Thomas T. Calkins, " "
Herman B. Horton, Kinderhook, "
Philip W. Mull, Ghent, "
J. H. Green, " "
James Greene, " "
James F. Philips, Claverack, "
Wright H. Barnes, Chatham Four Corners, Columbia county.
S. E. Calkins, Athens, Greene county.
W. M. Sprague, Coxsackie, "
J. S. Phillips, Catskill, "

B.

Report of Transactions for 1869.

Semi-annual Meeting, held May 11, 1869.

The Society met at the office of T. T. Calkins, M. D., in the city of Hudson, N. Y., May 11, 1869, at ten o'clock, A. M.

In the absence of the president and vice-president, Dr. A. P. Cook called the meeting to order.

The minutes of the last meeting were read and approved.

Dr. C. P. Cook, committee on procuring a seal, reported progress, and asked for an extension of time. Granted.

The secretary read a communication from O. J. Peck, M. D., of North Chatham, asking admission to the Society.

Dr. T. T. Calkins suggested that the secretary notify Dr. Peck of the receipt of his communication, and desire him to be present at the annual meeting.

Dr. Horton read a paper on the treatment of inflammatory rheumatism by aconite and sticta; also one on a compound fracture of the ankle.

On motion of Dr. Calkins, a vote of thanks was tendered to Dr. Horton, and a copy of the papers was ordered to be placed on file.

After very interesting remarks on various subjects, the meeting adjourned.

Annual Meeting.

The annual meeting of the Society was held in the city of Hudson, October 19, 1869. In the absence of the president and vice-president, Dr. T. T. Calkins, senior censor, called the meeting to order.

The following physicians were present: Drs. A. P. Cook, Hudson; T. T. Calkins, Hudson; C. P. Cook, Hudson; H. B. Horton, Kinderhook; W. H. Barnes, Chatham; S. E. Calkins, Athens; James Green, Ghent; J. H. Green, Ghent.

After the reading and approval of the minutes of the last semi-annual meeting, Drs. James Green and J. H. Green, of Ghent, made application to the Society for membership, and were unanimously elected.

A list of officers elected is published on page 524.

On motion of Dr. A. P. Cook, the secretary was authorized to for-

ward a diploma to Dr. William V. R. Blighton, licenciate of this Society.

Dr. Horton read a communication from the secretary of the Westchester Homœopathic Medical Society, with reference to the formation of a district medical society, embracing the river counties between New York and Albany.

Dr. A. P. Cook read a circular relating to the Margarettsville Insane Asylum, which has been very successfully conducted for several years by Dr. H. Doty, at Margarettsville, Delaware county. It has been recently incorporated by an act of the Legislature, and placed in the hands of a board of trustees, who are adherents of the homœopathic system, and who design making it a first class institution; one that will merit the confidence and support of the homœopathic profession.

After the reading of the circular, Dr. T. T. Calkins offered the following preamble and resolution:

Whereas, Believing that mental, as well as physical diseases, may be treated far more successfully by homœopathic remedies than by allopathic; and,

Whereas, It is unjust and even cruel to compel persons who have lost their reason to submit to allopathic treatment, when, if sane, they would adhere strictly to the homœopathic system; therefore,

Resolved, That we hail with pleasure the establishment of a homœopathic hospital in this State for the treatment of the insane, and that we most heartily commend the Margarettsville asylum to the consideration and support of the homœopathic profession, and also to the adherents of our system of practice.

The resolution was adopted.

After spending some time in discussing medical topics of much interest, the Society adjourned.

C.

CLINICAL REPORTS.

Treatment of Inflammatory Rheumatism with Sticta and Aconite. By H. B. Horton, M. D., of Kinderhook.

I attended, during the past winter, two cases of the above named disease, both of the cases had been already under treatment, one six and the other seven days.

The cardiac affection in one case was very alarming, but not so severe in the other; neither could be handled, even with the greatest care. Both patients were sleepless, one from pain, the other from

the effects of opium, administered in large quantities to relieve the pain.

I gave the first attenuation of the above mentioned remedies, ten drops in half a tumbler of water, a teaspoonful every hour alternately. Within six hours the patients were partially relieved; the next day both were sitting up in bed, and were soon restored to their usual health.

One of the patients suffered from slight paralysis of the right deltoid muscle, which I promptly relieved by means of aconite in drop doses of the tincture.

Case of Compound Fracture and Dislocation of the Ankle Joint. By H. B. Horton, M. D., of Kinderhook.

August 10th, 1863, was called in the evening to see Miss C——, aged sixteen, who had been thrown from a horse, striking on the side of her right foot. She had fractured the tibia, about two inches above the internal malleolus, dislocated the joint, and turned the fibula out through the flesh and stocking, and striking into the ground, making it a compound fracture. I at once administered chloroform, and began to replace the parts, when a neighboring physician coming in, advised amputation. The friends objected, and the girl pleaded; I therefore determined to save the limb if possible. The doctor having refused to assist unless amputation were performed, by the aid of the friends present, I succeeded in replacing the fractured bone, closed the wound by sutures, without cutting away any portion of the soft parts.

The patient was removed to her home that evening; cold water dressing was applied for three days, when a light splint was placed on the inner side, to keep the bones in apposition. Uninterrupted improvement continued until the third week, when erysipelatous inflammation made its appearance, and for a while threatened the life of the patient. In a few days the disease subsided.

About the first of October, the patient had so far recovered as to sit up. In the early part of November, she was able to walk with the aid of crutches. When I saw her again, in the spring, she walked by the aid of a cane. When I met her again, the following summer, she did not limp, and the only deformity remaining was a slight enlargement of the joint.

ARTICLE LIV.

Dutchess County Medical Society.

Organized 1861. Annual meeting, first Tuesday in October. Semi-annual meeting, first Tuesday in April.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS FOR 1869:

REPORT OF SEMI-ANNUAL MEETING, HELD APRIL 6, 1869.

REPORT OF ANNUAL MEETING, HELD OCTOBER 6, 1869.

C. MISCELLANEOUS PAPERS:

UTERINE DISEASE, BY EDWARD W. AVERY, M. D.

INSANITY, BY E. W. AVERY, M. D.

ON ALCOHOLIC LIQUORS PREDISPOSING TO GONORRHŒA AND SYPHILIS, BY JOHN HORNBY, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. I. S. P. Lord.

Vice-President.—Dr. Charles D. Belden.

Secretary and Treasurer.—Dr. Edward W. Avery.

Censors.—Drs. William Baxter, Henry N. Avery, and W. R. Case.

Delegates to the State Medical Society.—Drs. John Hornby, and Edward W. Avery.

Delegate to the American Institute.—Dr. I. S. P. Lord.

Committees.—Drs. H. N. Avery, Surgery; I. S. P. Lord, Pathology and Therapeutics; William Baxter, Materia Medica; Edward W. Avery, Obstetrics; John Hornby, Diseases of Women; Benjamin Lansing, Diseases of Children; C. E. Belden, Special Epidemics; E. Case, Theory and Practice of Medicine.

Honorary Member.

H. M. Paine, M. D., of Albany.

Members.

Drs. Asa P. Hall, corner of Noxon and Academy sts., Poughkeepsie.
John Hornby, 13 Cannon street, Poughkeepsie.
I. S. P. Lord, 250 Church street, do
Edward W. Avery, 55 Noxon street, do

Drs. Benjamin Lansing, Rhinebeck.
George Lorillard, do
Ephraim Case, Clinton Corners.
Walter R. Case, Hart's Village.
J. C. Otis, do
William Baxter, Wappinger's Falls.
J. A. Maubey, Fishkill Landing.

B.

REPORTS OF TRANSACTIONS FOR 1869.

Semi-annual Meeting.

The semi-annual meeting of the Society convened at the residence of Dr. Lord, April 6th, 1869.

The following members were present: Drs. I. S. P. Lord, John Hornby, William Baxter, Charles Belden and Edward W. Avery.

J. C. Otis, M. D., of Hart's Village, was unanimously elected a member of the Society.

In place of Dr. H. N. Avery, removed to New York, Dr. Lord was elected delegate to the American Institute of Homœopathy. Br. Belden was elected alternate.

Dr. Baxter gave his views in reference to rubigo frumenti indici. Each member was furnished with the 30th potency, with the understanding that he should test its efficacy and report at the next meeting, which a number of the members agreed to do.

Dr. Avery read a paper on uterine disease, which, on motion of Dr. Hornby, he was requested to present to the State Society. Page 530.

Dr. Hornby read an elaborate paper, setting forth his views in regard to the influence of alcoholic drinks on syphilitic disease. Page 535.

Dr. Avery moved that the Secretary be instructed to report the proceedings of the Society for publication in the daily papers.

Annual Meeting.

The meeting was held at the residence of Dr. Lord.

Dr. Lord was elected delegate to attend the meeting of the American Institute, to be held in June, 1870; and Dr. Edward W. Avery delegate to the State Society, in place of H. N. Avery, removed.

Dr. Edward W. Avery was recommended to be nominated for permanent membership in the State Society.

Adjourned.

C.

MISCELLANEOUS PAPERS.

Uterine Disease. By Edward W. Avery, A. M., M. D., Poughkeepsie, N. Y.

I commence with hesitation the contemplation of a field where for so long a time has been waged an incessant and acrimonious polemical warfare, which has resulted apparently in nothing satisfactory to the majority of the profession. From the days of Lisfranc and Recamier, gynæcologists have experimented and speculated in reference to uterine disease, and so decided and earnest has been the dispute, that those who have not been deeply interested, have become weary of the multitude of words, and assert that the difference of opinion is in regard to an entirely innocent member of the organism; that disease of the uterus is decidedly rare; and that specialists have been mounted upon swiftly coursing hobbies. Egyptian history and the specula discovered amid the ruins of Herculaneum indicate that female diseases prevailed in those remote days. We are unable to discover that the customs and habits of females since that time, have tended to lessen the liabilities to affections of the uterus; and the earnest investigator will discover that facts fully equal the representations made by those versed in diseases of the female organs. Nearly all ailments have been dealt with in various ways at different times, and finally received the treatment which has met with the approval of the profession, or have been considered by the majority incurable. Pleurisy, peritonitis and pneumonia are representatives of the first; cancer, phthisis and diabetes of the last class; uterine disease is now passing this probationary state in the allopathic ranks, and I opine that it is destined to be placed in the class which is not benefited by treatment. Thomas, having weighed the opinions of his predecessors, and learned from experience, says, "treatment will result in pain, may result in danger, and may absolutely aggravate the symptoms." Scanzoni writes, "we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years standing." Thomas again remarks, "speaking of chronic corporæl metritis, it really constitutes one of the opprobria of the profession."

Finding that after centuries of application of leeches, escharotics, actual cauteries, astringents and alteratives, uterine disease is almost as unmanagable as at the beginning, it is not strange that such

representative men of the old school should pause and question whether, after all they were pursuing the right course. The difficulty evidently is that experiments have been guided by the assumed hypothesis that topical treatment only can be beneficial. The allopathists disclaiming any law for the selection of remedies, should not allow preconceived notions to circumscribe their field of investigation. I have been unable to ascertain what first caused the impression that local treatment only could benefit uterine disease: as well might they rely upon injections for the removal of cystitis. They admit that constitutional treatment will remove a chronic ulcer of the leg, and yet deny that it effects in the least a diseased uterus. Quoting once more from Thomas; "this organ," referring to the uterus, "is subject to so many physiological changes, and so liable to be displaced that remedies do not have a good opportunity to produce permanent effects." The uterus, however, is not brought into use by the laws of economy as much as the bowels or bladder, and yet we know that old school medicines relieve diseases of these organs.

The displacements of the uterus are, without doubt, the effect and not the cause of inflammation of that body. If the organ is perfectly normal there is no reason why it should change its relation to the surrounding parts. In two conditions only can I see that the normal uterus would alter its position, viz: Where the perinæum has been ruptured, and from pressure of the superincumbent bowels; but these accidents are exceedingly rare. The rupture of the perinæum seldom or never occurs in nulliparæ. The uterine disease therefore removed, leaves the organ, unless bound down by adventitious membrane, to resume its natural position.

The gynæcologists of allopathic faith are satisfied with their success in treating one variety only of uterine disease, namely, cervical endometritis, cervical-metritis, endo-metritis, and metritis have baulked their most zealous and skillful practitioners. In cervical endo-metritis, even where the patient is unable or unwilling to remain quiescent for weeks and sometimes months, the success of treatment is extremely doubtful. A woman fond of society will be very sure, despite the injunctions of her physician, to pursue her round of pleasures; and those relying upon manual labor for a livelihood, cannot remain quiet if they would.

Although we here have a class of diseases that rely for relief upon homœopathy, and, although we confidently believe that our remedies

are adequate to their cure, yet our art is not so perfected as to admit of self-congratulation. Provings of drugs and clinical cases are what we require. I trust that before another year rolls around those especially interested in female diseases, will have tested a number of drugs upon healthy females. The senecio gracilis, cimicifuga and crocus should be more thoroughly proven. By apprehending the characteristic symptoms of various drugs, we shall be better able to make practical our knowledge. In the absence of correct provings, nothing will contribute as much as clinical cases, and here, close discrimination is absolutely necessary. And before noting the subjective symptons, I should always be in favor of a physical examination. Then we shall be the better prepared to speak confidently of the disease with which we have to deal, and we can compare our results of treatment with those of the old school. Many diseases of the nervous system so imitate inflammation of the uterus, that, unless fortified by sight and touch, we may be deceived. Again, I do not think that in any case pathology can be ignored in the administration of remedies, or the proving of drugs. The objective as well as the subjective assist in making up the totality of symptoms.

Insanity. By Edward W. Avery, A. M., M. D., Poughkeepsie, New York.

Modern science has been tasked to its utmost in the vain endeavor to present an unobjectionable definition of insanity. Many cases are manifest; others are obscure and require discrimination. Precisely where accountability ends is a matter upon which few physicians agree. Here also juries divide, and the public is ever ready to pronounce hasty verdicts. If it were not for our courts, half of the population would be busy sending the other half to insane asylums. In medical literature we find an equal variety of opinions; each writer views the subject from a different standpoint. Heinrich and Kant, representing a certain phase of the psychological school, consider all abnormal manifestations of the mind as derangements of the soul proper. Friedrich and Strave take a physiological view, and think that the soul *per se* is always intact, and that the brain is the offending organ. Esquirol confines himself to the observation of facts, and constructs no theories *a priori*. Jahr, the only extensive writer on insanity in our school, after weighing the various opinions, concludes that all are in error. Giving himself wide range he says: "Mental disease is always there to be found where, without demon-

strable causal disease of any organ, the clear self-consciousness of the individual, and his idea of his own moral condition with respect to his own perceptions and feelings, appears more or less obscured." The above definition is subject to criticism. It does not comprehend all cases. The insane person is fully conscious at times of his actions. After striking his attendants, and using improper language, he bows submissively to punishment, asserting that he realized his condition, but could not control himself. According to Jahr, many monomaniacs would be excluded.

In pyromania and kleptomania the moral perceptions are clear. The subjects are fully conscious that their acts are wrong, and use the utmost precaution to prevent detection. Again, if we should adhere to the strict meaning of Jahr's definition, we should include a large portion of mankind. Few see clearly the tendency of their minds and the condition of their thoughts.

The self-consciousness of the metaphysician is more isolated and distinct than that of an individual who is absorbed in the gratification of his senses. The moral nature of the ethical Butler was more sensitive than that of the impassioned Byron. The self-consciousness and moral nature of the majority of mankind appear at times "more or less obscured."

I shall not venture to define insanity. From the character of our minds we shall necessarily differ as to the precise phenomena which constitute mental aberation. Two comparisons present themselves; the subjective and objective; the working of our own minds and the springs of action in other people. In judging of a presented case of insanity, we consider how the majority of mankind would act when similarly placed, and at the same time inspect our own minds, and inquire in regard to the rationality of certain acts. Now, if all minds were cast in the same mould, and if those who are to pass judgment had met with the same experiences, we should all agree as to the precise condition of each individual case. As health and disease are relative terms, and the line of demarcation cannot be definitely placed, so sanity and insanity mean different degrees of the same quality. In many cases the rational man becomes insane as gradually as day merges into night. The will, in craziness, is comparatively inactive; the brain is so hypersensitive that the least impression appears to disturb the whole organ. Thoughts the most disconnected present themselves in the most rapid succession. School teachers and those who pursue sedentary occupations, such as tailors

and shoemakers, are more prone to this variety of insanity than others. Metaphysicians and hard students are seldom thus affected. In the latter classes is not the will power so educated as to control more effectually the mind?

We can here see the perniciousness of permitting our thoughts to wander at random. In monomaniacs, the subjects do not view their thoughts and actions as do others. Who can satisfactorily draw the line of distinction between an enthusiast and monomaniac? Neither sees himself as others see him.

The sybarite pursues his pleasures, until he arrives at a point where it is virtually impossible for him to desist; desire is stronger than will. He understands the evil effects of his acts, and yet rushes on. He whom only the inebriate asylum withholds from his cups, is as insane as he who has an irresistible desire to steal, or set fire to buildings. The toper enjoys indulgence of appetite; the kleptomaniac takes pleasure in gratifying his propensity to steal. Habits of thinking, like habits of acting, are easily acquired.

Thoughts naturally fall into accustomed channels. The continual contemplation of any one subject gives a definite course and uncontrollable tendency to the ideas. Thus we approach monomania. In erotomania we have only a higher degree of that melancholy which possesses us all when deprived of what gives us pleasure. As melancholy is dissipated by the disappearance of that which makes us grieve, so erotomania is usually cured by the possession of the loved object.

In mania the mind, like a turning kalideoscope, gives the most varied and incongruous thoughts; in monomania the thoughts flow in one direction. The will is powerless in the extremes of both states.

Jahr mentions the martyrs, and implies that they were insane, from the fact that they were enabled to endure the flames without shrinking. In this connection, he mentions a number of insane persons who drank boiling water, and placed their hands in fire, apparently without feeling pain. These illustrations are but extremes of conditions with which we daily meet. The mind, when intently fixed upon any one object, is fortified against pain. A toothache vanishes the moment we become engrossed. How insensible to impressions made upon nerves must the mind be before insanity can be pronounced.

The approach to insanity is gradual; the various manifestations of it are as numerous as the diversity of the human mind. In judging

of responsibility, the whole life of the individual should be taken into account; the tendency of his mind, and the mode in which the thoughts manifest themselves should be studied. Any deviation, without assignable cause, from the ordinary course of a person's life, would be cause for supicion. An irrational, uncontrollable temper, appearing suddenly in one of naturally mild disposition, should cause alarm. Certain acts in one person would be perfectly rational, while the same acts in others might be a sign of disease. The late conduct of Commodore Meade, of Staten Island, who was placed in the Bloomingdale asylum, would undoubtedly have been sufficient evidence of the insanity of most persons. But Commodore Meade had been, from childhood, subject to fits of uncontrollable anger. In every other respect his sanity was unquestioned. The marriage of his daughter, without his consent, was sufficient to increase the natural tendency of his mind. Precisely where rationality ended, in this case, would be a nice question for expert jurists.

Insanity, like other morbid conditions, should be individualized. The time, probably, will never come when medical men will unanimously agree upon every case.

On Alcoholic Liquors predisposing the system to the Generation of Syphilis and Gonorrhœa. By John Hornby, M. D., Poughkeepsie, N. Y.

There is one fact, connected with the syphilis and gonorrhœa, which has escaped the observation of all previous investigators of these diseases, namely, the influence of alcoholic liquors, as drunk by the people of various nations in different beverages, being the predisposing cause.

This fact, which has long occupied my attention, and has been verified by time, I propose to elucidate as briefly as possible.

In tracing the history of our race from Adam to Noah, there is no evidence to be found of syphilis and gonorrhœa having existed among them, educible by definite description, or figurative allusion. Nor do we find any traces of them from the regeneration of our species after the deluge, till the period when the Israelites had established themselves as a nation. There is no evidence of these diseases existing among the Jews during their sojourn in Egypt, from the time of Abraham the founder of their race, to their exodus under Moses; or during their wanderings in the wilderness. And it was not until they had adopted the habitual use of wine as a beverage,

which they did, only, after their possession and long continued occupation of their promised land, where the grape abounded, that we find proofs of their contamination. From which time, as the number of victims multiplied, these became the objects of hierarchal denunciation and civil proscription. They were expelled from cities and habitations, and compelled to exist separately. The special appellations of "leper," and "unclean" which were applied to them, indicates the forms in which these diseases existed among them, and correspond to our present knowledge of them, viz., psoriasis, lepra, and tubercle, which modern experience teaches us, are the so-called, secondary forms of syphilis.

As we pass from the Jews to the Greeks, we find similar facts, for syphilis and gonorrhœa were known among them subsequently to the introduction of the orgies of Bacchus, their deity of drunkenness and debauchery.

From the Greeks we turn to the Romans, and among them we find the same fact, namely, syphilis and gonorrhœa following the habitual use of alcoholic liquors, and also the collateral fact, of all those nations subjugated by the Romans, becoming infected with these diseases, who, in imitation of their conquerors, had adopted the use of alcoholic beverages. And from those periods to the present we meet these diseases, and their predisposing causes, progressing side by side, among the populations of Europe, and their American descendants.

Among those nations who do not use alcoholic liquors, and by some of whom they are religiously prohibited, we find no traces of the existence of the objects of our search; they show no signs of ever having been contaminated by them. Among the Mahommedan and Pagan races, from the Arctic to the equator, we miss their presence. And we find the same evidence as we travel over the islands of the Pacific ocean, including the continent of Australia, excepting only, the inhabitants of those portions of their territories that have been visited by Europeans as traders, and by whom they have been initiated into the use of alcoholic liquors, followed by their inevitable consequences, syphilis and gonorrhœa, and their sequels.

Inquiring, briefly, into the modus operandi of alcoholic liquors in producing syphilis and gonorrhœa, we find data, plentiful and well authenticated, of their physiological action on the assimilative and reproductive functions of man. They cause hyperæmia by their moderate use, superinducing excessive assimilation of

nutriment, and consequent excited activity of the sexual functions of both sexes, followed by debility of their nervous and vascular systems; causing congestions in them of blood, altered from its healthy standard, and resulting in vitiated secretions which terminate in syphilis or gonorrhœa in, proportion to the malignity or mildness of their qualities, at the time of their absorption, and modified in their degrees of development, by the controlling influences of climate, diet and hygiene. And we find evidences, also, of the pathological conditions they produce in the brain, digestive canal, liver and kidneys, by their long continued use in moderate quantities, or immoderate use in large ones, inducing exhaustion of their previously over taxed functions, and ending in organic diseases of their viscera, manifested in syphilis and tuberculosis, in both the adult and his progeny.

And, finally, each year's experience proves that these diseases are increasing, in alarming proportions, among those populations with whom they have become located; and that they are perpetuated by their predisposing cause, the habitual use of alcoholic liquors, threatening, as they multiply, to become ultimately the means of exterminating the infected population of Europe and America.

From the facts stated, I propound the following propositions, the investigation of which I invoke:

First.—That alcoholic liquors, *per se*, are predisposing causes of the generation, in the human species, of syphilis and gonorrhœa.

Second.—That the mode of their predisposing the system to these diseases lies in the altered qualities of the secretions of the sexual organs, generated by their habitual use and in moderate quantities, producing venereal diseases of a mild character, such as lucorrhœa, balanorrhœa and gonorrhœa.

Third.—That they produce alterations in the viscera, by their degenerating influence on the blood when used in immoderate quantities, manifested by,

A.—Exaltation of the nervous and vascular systems.

B.—Relaxation, depression, congestion and phlogosis of the viscera.

C.—Diseases of a chronic nature in the brain, digestive canal, liver and kidneys.

D.—Diseases of a specific and virulent nature, as syphilis in all its varieties and its various so called secondary, or constitutional effects, as psoriasis or lepra.

Fourth.—That syphilitic and gonorrhœal diseases are controlled in their developments by climate, diet and hygiene.

Fifth.—That the constitutional effects of syphilis and gonorrhœa of the virulent kind, do not terminate with their disappearance in infected individuals, but are propagated to their offspring, and reappear in second or third generations, in the forms of scrofula, tuberculosis or cancer.

Sixth.—That the rapid multiplication of these diseases and their sequels, threatens in the end to exterminate the population of Europe and America, among whom they have become located, and by whom they are propagated and disseminated, by the addiction of these peoples to alcoholic liquors, producing thereby alcoholism, syphilism, scrofula, tuberculosis, and cancer to an extent perplexing to the physician, and alarming and lamentable to the philanthropist.

The fact that alcoholic liquors predispose the generation of syphilis and gonorrhœa, under conditions favorable to their development, was made apparent to me in the army hospitals of India, where I first discovered that married men of known connubial fidelity, but given to indulgence in alcoholic liquors, were frequently the subjects of these diseases. This fact I also observed among unmarried men of fastidious dispositions, who were careful in avoiding all riskful sources of syphilitic infection, but whom I invariably found to have been indulging in alcoholic liquors previous to their contamination with them, and having in addition a cachectic condition of constitution, from the effects of dissipation, climate and military fatigue. The same facts I have observed in different parts of England and, also, in this country; and from a careful examination of the particulars of each case, I have arrived, after thirty years of observation, at the conclusion embodied in the propositions stated above, and in illustration of which I offer the following cases, selected from among a large number of similar ones.

CASE I.

In 1833, at Cawnpore, in India, a soldier in one of the regiments stationed there, a native of England, of tall stature, with bilio-lymphatic temperament and debilitated constitution, presented himself with a syphilitic soft chancre on the left side of the glans penis. He was a married man, of good character and known connubial fidelity, and never had syphilis or gonorrhœa before.* He acknowledged to have had, for some time previous, a predilection for alcoholic liquors, in which he had been indulging to excess previous to the appearance

* The public and private behavior of soldiers was made the subject of careful observation by the non-commissioned officers of their regiments, which was my source of information.

of his disease. His wife was of good character and sound health, and on inspection, was found free from any syphilitic or gonorrhœal disease.

CASE II.

In 1836, at Cawnpore, as mentioned above, a conductor of military ordnance, a native of Ireland, fifty years of age, of middle stature, of nervo-sanguine temperament, of intemperate habits and debilitated constitution, had a syphilic soft chancre on the upper part of the corona-glandis. He said that he had been abstemious from women since the death of his wife, for the last two years; but that, after indulging to excess in alcoholic liquors for the last month, he had cohabited with a native female domestic. The woman, on inspection, I found free from all syphilitic taint, and whose moral character proved to be unobjectionable. In five weeks after, he developed psoriasis, or the constitutional symptoms of syphilis.

CASE III.

In 1837, at the general hospital at Calcutta, in the province of Bengal, an hospital assistant, seventeen years of age, born in the country, of European parents, of middle stature, of nervo-bilious temperament and enervated constitution, had virulent gonorrhœa. He had been drinking freely of alcoholic liquors for some time previously, and could not account for having the disease, as he said he had been particular in the choice of his paramour, who, on inspection, proved to be perfectly free from syphilitic or gonorrhœal disease; nor could I discover, on an investigation of her character and habits, any circumstances to lead me to assign to her the cause of the infection.

CASE IV.

In 1845, at a village near Whitechurch, in Hampshire, England, a farmer's laborer, twenty-two years of age, born in the country, of middle stature, sanguino-lymphatic temperament, and a constitution enervated by dissipation and labor, who was given to the free use of alcoholic liquors, had a soft chancre on the glans-penis, near the frænum, which terminated in a hard chancre in the course of ten days, followed by a bubo in the right groin. He said he never had syphilis or gonorrhœa before, nor could he ascribe the cause of his present condition, as he said he had connection only with a young woman he intended marrying, but that he had been drinking freely of alco-

holic liquors for some time previously. The woman, on inspection proved to be free of syphilis or gonorrhœa, and her character unimpeachable, excepting her last error.

CASE V.

In 1847, at Ashton-under-Lyne, in England, a young man, twenty-six years of age, of middle stature, a native of the city of Manchester, of sanguino-nervous temperament and enfeebled constitution, who was habitually a free drinker of alcoholic liquors, had virulent gonorrhœa following connection with the maid of the tavern where he resorted for his potations. The girl, on inspection, had no appearance of any syphilitic disease, and by the report of the landlord of the tavern, had always borne a good character previously. She denied having had intercourse with any other man except the subject of this case.

CASE VI.

In 1861, at Poughkeepsie, N. Y., a married man, a native of Ireland, forty-five years of age, of full stature, of bilio-lymphatic temperament and good previous health, reported that he had been to the city of New York a month before, where he had been excessively fatigued by business in which he had been engaged, requiring over taxation of his physical energies, during which time he partook freely of alcoholic liquors, to which he was habitually addicted. In ten days after his return home he had virulent gonorrhœa, for which he could not account, as he had not, he said, had communication with any woman except his wife. His known character of integrity and morality confirmed his assertion, and his wife, on inspection, proved to be free of all syphilitic contamination.

CASE VII.

In 1864, at Poughkeepsie, N. Y., an unmarried man, a native of the State of New York, of middle stature, thirty years old, of bilio-nervous temperament and previous good health, had been about with company on a visit to a neighboring State, during which time he had indulged freely in alcoholic liquors, to which he was addicted for some years. On his return home he had connection with a young woman of previous good character, and in a fortnight following had syphilitic soft chancre of the glans-penis. The young woman, on inspection, proved to be free of syphilitic or gonorrhœal taint.

CASE VIII.

This case is taken from a number of similar ones, to show the effects of climate and hygiene in controlling the development of syphilitic diseases.

In 1838, at Calcutta, Bengal, in India, three young men, aged respectively twenty-one, nineteen and seventeen years, all born in the country of European parents. The first was of tall stature, nervo-sanguino temperament and good condition; the second was of middle stature, nervo-lymphatic temperament and sound constitution; both of whom had been previously residing in the northern and healthy part of the country, and were of abstemious habits; the third individual was of middle stature, nervo-bilious temperament and enervated constitution, the effect of climate and a too free use of alcoholic liquors, of which he had been partaking freely for a week before his application for treatment of virulent gonorrhœa. He stated that, in company with the two individuals mentioned above, he had visited a prostitute, with whom he had intercourse, in which the other two had preceded him but a short time, who, on inspection, were found free of the disease, which they thought they had escaped through the habit of abluting themselves after coition. The woman, on inspection, I found affected with virulent gonorrhœa, which she acknowledged to have had on her for a fortnight previously.

For the etiology of scrofula, tuberculosis and cancer, I present the following cases, from among a number of similar ones, that have fallen under my observation:

CASE IX.

In 1859, at Poughkeepsie, N. Y., a boy aged ten years, a native of the city, of nervo-lymphatic temperament and small size, with light hair and eyes, and fair complexion, prominent abdomen, frail constitution and delicate health, had inflamed cervical glands. A year before the birth of this, the eldest son, the father had syphilitic sores on the glans-penis, which, he supposed, were cured before his marriage. His own father he acknowledged to have been of intemperate habits through life, and had died of chronic disease of the liver.

CASE X.

In 1868, at Poughkeepsie, N. Y., an unmarried woman, a native of the State, twenty-six years of age, of nervo-bilious temperament, middle stature, and previous delicate health, presented herself with

phthisis pulmonalis. Her mother, fifty years of age, of middle stature, a native of the State, of nervo-lymphatic temperament and delicate health, had, when a child, suppurating glands of the neck, and weakness of the spine. The subject of this case was her only child, whose father died, she said, shortly after the patient's birth, and had been given, throughout his life, to habits of intemperance and dissipation.

CASE XI.

In 1863, at Poughkeepsie, N. Y., a married woman, a native of Germany, forty-two years of age, of bilio-lymphatic temperament and delicate constitution, had cancer of the womb. She reported that her mother died when she (the patient) was twenty-two years old; that she had light complexion, was of small stature and feeble health, and had, when young, "drüsen geschwulst" (scrofula). Her father, she said, was of dark complexion and middle stature, a laborer by occupation, and given, throughout his life, to intemperance. Concerning her paternal grandfather, she could not furnish information; but her maternal grandfather, her mother had told her, had been in the Prussian army for some years, and had been of intemperate and dissolute habits.

In conclusion, I beg to observe, that, with exception of the first few years of my observations, I have always used the speculum on inspecting the females concerned in the foregoing cases.

ARTICLE LV.

Erie County Medical Society.

Organized December 14, 1859. Annual meeting held at Buffalo the first Wednesday in January; quarterly meetings on the first Wednesday of April, July and October; monthly meetings on the first Wednesday of intervening months during winter.

A. Officers and Members.

B. Report of Transaction for 1869.

Proceedings of the Annual Meeting, January 6, 1869.
Proceedings of the Special Meeting, February 3, 1869.
Proceedings of the Special Meeting, March 3, 1869.
Proceedings of the Quarterly Meeting, April 7, 1869.
Proceedings of the Special Meeting, May 5, 1869.
Proceedings of the Special Meeting, June 2, 1869.
Proceedings of the Special Meeting, September, 15, 1869.
Proceedings of the Quarterly Meeting, October 6, 1869.
Proceedings of the Special Meeting, November 17, 1869.

C. Miscellaneous Papers.

Review of Dr. Gregg's Paper, Entitled "Tuberculosis," by E. G. Cook, M. D., of Buffalo.

A.

Officers and Members—1869.

Officers.

President.—A. T. Bull, M. D.

Vice-President.—J. W. Wallace, M. D.

Secretary and Treasurer.—E. G. Cook, M. D.

Censors.—A. S. Hinkley, M. D.; G. W. Lewis, M. D.; G. C. Hibbard, M. D.; H. Bæthig, M. D.; H. Foster, M. D.

Delegates to the State Society.—A. Shattuck, M. D.; H. Foster, M. D.

Delegates to the American Institute of Homœopathy.—A. Shattuck, M. D.; L. M. Kenyon, M. D.

Committee.—G. W. Lewis, M. D.; H. Bæthig, M. D.; and A. T. Bull, M. D.

Members.

Drs.	Andrew R. Wright, 162 Pearl	street,	Buffalo.
	A. C. Hoxie, 131 Franklin	"	"
	Rollin R. Gregg, 42 South Division	"	"
	Alvin Shattuck, 79 South Division	"	"
	Alonzo S. Hinkley, 167 Elliott	"	"
	*J. W. Wallace,		"
	George W. Lewis, 227 Pearl	"	"
	Henry C. Blanchard, 381 Washington	"	"
	Lorenzo M. Kenyon, 86 West Mohawk	"	"
	A. T. Bull, 98 East Swan	"	"
	Elihu G. Cook, 38 East Swan	"	"
	Hubbard Foster, 31 Franklin	"	"
	Heinrich Bæthig, 339 Oak	"	"
	George F. Foote, 278 Pearl	"	"
	L. D. McMichael, 35 West Eagle	"	"
	N. Osborne, 245 Washington	"	"
	E. L. Cook, 38 East Swan	"	"
	†G. C. Hibbard, Springville, Erie county.		

B.

REPORT OF TRANSACTIONS FOR 1869.

Proceedings of the Ninth Annual Meeting, held January 6, 1869.

A regular meeting of the society was held at the Homœopathic Dispensary, January 6, 1869.

Present.—Drs. G. W. Lewis, A. T. Bull, H. Foster, G. C. Hibbard, L. M. Kenyon, A. S. Hinkley, H. Bæthig, A. Shattuck, J. W. Wallace and E. G. Cook.

In the absence of the president and vice-president, Dr. A. Shattuck was called to the chair.

The minutes of the last meeting were then read and approved.

Dr. George F. Foote of Buffalo was elected a member of the society.

The secretary presented his report, which was adopted.

Drs. G. W. Lewis, H. Bæthig and A. T. Bull, were appointed a committee to solicit funds for the payment of the dispensary debt.

On motion of Dr. Bull, seconded by Dr. Kenyon, the thanks of the society were tendered to Mr. C. S. Halsey for his free and generous offer of the pharmacy rooms for the society meetings; also to

* Deceased. † Moved to Mt. Morris, N. Y.

Dr. H. T. Appleby for his kind and thoughtful services in behalf of the Society.

The president appointed Dr. Kenyon to read a paper upon the treatment of epilepsy; Dr. Lewis upon the pathology of bronchitis; and Dr. Wallace upon therapeutics.

The Society then adjourned to meet on the first Wednesday of February.

Proceedings of a Special Meeting, February 3, 1869.

The Society met pursuant to adjournment.

Present.—The president, Dr. Bull, and Drs. Foster, Bæthig, Shattuck, Lewis, Wallace and Cook.

The reading of the minutes of the last meeting was dispensed with.

The secretary read a communication from the secretary of the State Medical Society, Dr. H. M. Paine, informing the Society that three delegates were to be elected to the State association.

Dr. G. W. Lewis was elected to complete the number.

On motion, the delegates to the State Medical Society were instructed to solicit the holding of the semi-annual meetings of the State association at Buffalo.

Adjourned to the first Wednesday in March.

Proceedings of the Special Meeting, March 3, 1869.

Pursuant to adjournment the Society met at the Homœopathic Pharmacy, March 3, 1869.

Present.—Drs. Bull, Lewis, Kenyon, Wallace and Cook. The president, Dr. Bull, in the chair.

Dr. L. D. McMichael, of Buffalo, was elected a member of the society.

Dr. Lewis read an interesting paper upon the "Pathology of the Diseases of the Air Passages."

At the close of his article Dr. Lewis gave a description, as furnished by an eye witness, of the treatment and death of President George Washington. His disease was cynanche trachealis. The heroic treatment of the case was truly barbarous; only a little over twenty-four hours sufficed to terminate the life of this great and good man.

Dr. Wallace read a long article upon the treatment of the class of diseases under consideration.

Dr. Kenyon remarked that the particular symptoms in these dis-

eases required arsenicum. He said a peculiarly excited state of the system demanded this remedy.

Dr. Bull said that in the throat disease, at present prevailing, great relief was found from the use of sanguinaria canadensis.

Meeting adjourned to the first Wednesday in April.

Proceedings of the Quarterly Meeting, April 7, 1869.

The quarterly meeting of the Society was held at the rooms of the Homœopathic Dispensary, April 7, 1869.

Present.—Drs. A. T. Bull, Wright, Lewis, Shattuck, Bæthig, and McMichael.

Dr. A. R. Wright was appointed secretary *pro tem.*

A communication from Dr. H. M. Paine, secretary of the State Society, was received, asking for the report of the dispensary.

Dr. Wallace read a paper upon "Therapeutics," giving his theory of the primary and secondary action of drugs.

On motion of Dr. Shattuck, a committee of three, consisting of Drs. Shattuck, Lewis and Wright, were appointed to revise the Society's fee-bill.

The meeting then adjourned to the first Wednesday in May.

Proceedings of the Special Meeting, May 5, 1869.

The Society met pursuant to adjournment, Wednesday, May 5, 1869.

Present.—Drs. Bull, Foote, Foster, Lewis, Hoxie, McMichael, Shattuck and Cook.

The president, Dr. Bull, in the chair.

Dr. Shattuck, chairman of the committee on the revising of the fee-bill, reported progress and presented a form of a bill for the consideration of the Society.

On motion of Dr. McMichael the report was adopted and committee discharged.

On motion of Dr. Shattuck, the following fee-bill was adopted:

FEE-BILL ADOPTED BY THE HOMŒOPATHIC MEDICAL SOCIETY OF ERIE COUNTY, N. Y., MAY 5TH, 1869.

Practice of Medicine.

First visit, prescription and advice.....	$2 00	to	$5 00
Each subsequent visit to one patient.....	2 00	"	3 00
Additional prescription to a patient in same family.....	1 00	"	
Night visit, between 10 P. M. and 7 A. M.....	5 00	"	10 00

Visit and consultation	$10 00	to	$15 00
Joint attendance, after consultation	3 00	"	5 00
Remaining at the house, by previous arrangement, during the night, except in cases of obstetrics	10 00	"	20 00
Rising at night and prescribing	2 00	"	5 00
Examination of insane person, and certificate	5 00	"	10 00
Physical examination of chest	5 00	"	10 00

Office Practice.

Prescription and advice, ordinary cases	$1 00	"	5 00
Examination and opinion	2 00	"	10 00
Vaccination in office	2 00	"	
Fitting truss in office	5 00	"	10 00
*Life insurance examination	3 00	"	5 00

Obstetrical Services.

Ordinary cases	$15 00	"	25 00
Instrumental and preternatural cases	25 00	"	50 00
Semi-obstetric cases	10 00	"	15 00
All visits subsequent to accouchement	2 00	"	3 00

Surgery.—First Class Operations.

Amputation at hip joint	$200 00	"	500 00
" of thigh, through its shaft			
" shoulder joint			
Operation for lithotomy			
" " strangulated hernia			
" " extirpation, abdominal tumors			
" " resection of the elbow, shoulder, hip and knee joints	100 00	"	500 00
" " ligation of iliac, femoral subclavian, carotid and brachial arteries			

Surgery.—Second Class Operations.

Amputation of arm or leg			
Operation for œsophagotomy			
" " hair lip			
" " tracheotomy			
" " talipes			
" " staphyloraphy	$50 00	"	200 00
" " extirpation of testicle			
" " mammary gland			
" " paracentesis thoracis			
" " resection of smaller joints			
Trephining skull	50 00	"	100 00

* Examination for Life Insurance Company as family physician, to be charged to the company, five dollars.

Surgery.—Miscellaneous Operations.

Amputation of digit	$5 00	to	$50 00
Paracentesis abdominis			
Ligation of smaller arteries			
Removal of hemorrhoidal tumors			
Operation for fistula in ano			
" " hydrocele			
" " phymosis or paraphymosis			
Excision of tonsils or uvula			
Opening abscess			
Extracting polypi from nose or ear, each	5 00	"	50 00
Extracting foreign bodies from eye, ear, pharynx, nose, urethra or wounds	1 00	"	25 00
Reducing hernia by taxis	5 00	"	25 00
First introduction of catheter or bougie	3 00	"	10 00
Each subsequent introduction, in addition to visit	1 00	"	2 00
Post-mortem examination	25 00	"	100 00
Treatment of gonorrhœa, a retaining fee of	15 00	"	
Treatment of syphilis, a retaining fee of	20 00	"	
Dressing wounds	5 00	"	50 00

Dislocations and Fractures.

Reducing dislocation of hip joint	50 00	"	100 00
" " " shoulder, elbow, knee or ankle	25 00	"	50 00
" other dislocations	10 00	"	20 00
Reducing fractured femur, or leg, including first dressing	25 00	"	50 00
Reducing other fractures, including first dressing	10 00	"	25 00

Ophthalmic Surgery.

Operation for cataract	100 00	"	200 00
" " artificial pupil	50 00	"	100 00
" " strabismus	25 00	"	50 00
" " extirpation of eye	100 00	"	150 00
" " entropium	25 00	"	50 00
" " ectropium	25 00	"	100 00
" " stricture of nasal duct	25 00	"	50 00

Uterine Surgery.

Removal of fibrous tumors from uterus	100 00	"	500 00
" " uterine polypi	25 00	"	100 00
Simple incision of uterine neck	5 00	"	50 00
Examination with uterine speculum, with treatment, in addition to visit	3 00	"	10 00
Operation for vesico-vaginal fistula	100 00	"	500 00
" " recto- " "	100 00	"	500 00
Reduction of inverted uterus	100 00	"	500 00

General Surgery.

Attendance on surgical cases, per visit	$3 00	to	$10 00
Administration of chloroform.....	5 00	"	20 00

Visits beyond the city limits, as they existed previous to 1854, are to be charged as city visits, with the addition of two dollars per mile, for the first five miles. All fractions of a mile shall be charged as a full mile.

Visits made to several patients in the same neighborhood, shall be deemed regular visits to each individual, and shall be charged as such.

Incidental visits, as when a physician passing a house in the country is called in, are to be charged as in the city, two to five dollars, but should it be necessary to continue attendance, each succeeding visit shall be charged with mileage.

It shall be considered dishonorable for any member of this Society to attend families or individuals by the year, or to make any other bargain or arrangement, the tendency of which will be to avoid the full purport and effect of the foregoing list of charges.

All bills shall be considered due when services are rendered, and bills are to be presented at least once a year, and settlement requested. It is particularly recommended to each member of the Society that all his unsettled bills be presented at the close of each year. Uniformity in this respect is considered of great importance to the interests of the profession.

It shall be considered proper to make liberal deductions to all persons in moderate circumstances, except in cases of venereal disease.

In all cases it shall be the duty of the physician or surgeon, who invites counsel, to notify the patient or his friends, at or before the consultation, that the fee, mentioning the sum, is expected at the time when the services are rendered; and in case it shall not be so paid, the attending physician shall, unless otherwise requested by the consulting physician, include the charge or charges in his own bill, or send both accounts in together, and in this case he shall account to the consulting physician for, at least, his proportion of all moneys collected on said account.

Proceedings of a Special Meeting, June 2, 1869.

Pursuant to adjournment, a special meeting was held, Wednesday, June 2, 1869.

Present.—Drs. Lewis, Hinkley, Bull, Wright and Bæthig. The president, Dr. Bull, in the chair.

Dr. Lewis was appointed secretary *pro tem.*

The following preamble and resolution were passed unanimously:

Whereas, It has come to the knowledge of this Society that a publication, entitled, "*The Homœopathic Quarterly*," purporting to be an exponent of pure homœopathy, edited by Rollin R. Gregg, M. D., a member of this Society; therefore,

Resolved, That we hereby decline to indorse the above named publication.

Adjourned.

Proceedings of a Special Meeting, September 15, 1869.

A special meeting of the Society was held at the Homœopathic Pharmacy rooms, Wednesday, September 15, 1869. The president, Dr. Bull, in the chair.

Present.—Drs. Bull, Gregg, Lewis, Hinkley, Shattuck, McMichael and Cook.

The proceedings of the special meeting held June 2, 1869, were read and approved.

The president stated the special object of the call was to hear a paper from Dr. George F. Foote, in reply to Dr. F. S. Verdi, of Washington, D. C.

Dr. Foote then read his paper, entitled, "A reply to Dr. Verdi's paper, entitled 'Pathology *versus* Symptomatology.'"

A long discussion followed, participated in by the members present, regarding the relative value of the pathology and symptomatology.

The unanimous opinion of the members present was, that both were alike essential in the successful treatment of disease.

Dr. Kenyon presented and read a proving of lilium tigris by a patient under treatment, showing a striking similarity between the symptoms obtained from the 30th attenuation and the pathogenesis of the remedy.

On motion, Dr. Foote's paper was ordered to be furnished for publication in the *Western Observer*.

Dr. Kenyon's paper was ordered to be sent to the *Hahnemann Monthly*, of Philadelphia, for publication.

The president announced the subject for discussion at the next meeting of the society to be, "The Alternation of Remedies."

Meeting then adjourned to the first Wednesday in October, 1869.

Proceedings of the Quarterly Meeting, October, 6, 1869.

A regular and quarterly meeting was held at the Dispensary rooms, Wednesday October 6, 1869.

Present.—Drs. A. T. Bull, Shattuck, Gregg, Foote, Wright, McMichael, Hoxie and Cook.

The minutes of the last meeting were read and approved.

Dr. Nehemiah Osborne, of Buffalo, was elected a member of the Society.

A communication was received from Dr. H. M. Paine, of Albany, relating to the Margarettsville Retreat, and urging sympathy and aid from the Society.

On motion, the president was empowered to appoint a committee to investigate the condition and prospects of said Retreat, and report to the society at its next meeting. Drs. Bull, Foote, Lewis and Cook were appointed said committee.

The president then announced the subject for discussion: "The Alternation of Remedies."

Dr. Shattuck said, that he alternated remedies, and believed in the propriety of so doing, for the following reasons: custom, success, and traditionary rule.

Dr. Gregg said, he never alternates remedies and did not believe in it; he thought, one remedy only could be indicated at a time. He regards it as impossible to tell which remedy cures when two are used in alternation.

Dr. Foote said, that he used to alternate remedies, but latterly never did. He believes the time will come when one remedy only will be used, and perhaps a cure effected with one dose.

Dr. Wright said that he alternates remedies perhaps somewhat from habit, and because he wished to cure as rapidly as possible. He thought on the whole it best to do so, both from his own experience and the concurrent testimony of others.

Dr. Bull stated that he alternates remedies and fully believes in it. He was sure that he could not cure so well, nor as rapidly, with only one remedy at a time.

Dr. Cook said that he also alternates remedies, but less than formerly. He thinks it imperative for him to do so in the present condition of homœopathic art. He thinks the day may come when we shall be able to cure with one remedy.

The president, then, appointed Dr. Cook to prepare a paper to be read at the next meeting of the Society, reviewing the theory of

tuberculosis set forth by Rollin R. Gregg, M. D., in his journal, entitled "*The Homœopathic Quarterly.*"

The Society then adjourned to meet the first Wednesday in November, 1869.

Proceedings of Special Meeting, November 3, 1869.

The Society met in extra session, pursuant to adjournment, Wednesday, November 3, 1869.

Present.—Drs. Bull, Lewis, Shattuck, Bæthig, Kenyon, Foster, Osborne and Cook.

The president, Dr. Bull, in the chair.

The minutes of the last meeting were read and approved.

Dr. Elliott L. Cook was elected a member of the Society.

Dr. H. T. Appleby was elected a licentiate member of the Society on the payment of five dollars, and signing the constitution.

The committee appointed to investigate the claims of the Margarettsville Retreat offered the following report:

Your committee having investigated the condition of the proposed asylum at Margarettsville, through a personal visit by one of the members of the committee, Dr. George F. Foote, respectfully report that, by reason of the inaptitude of the buildings, the unproductive state of the farm, the inaccessibility of the location, and the uncertainty of obtaining early railroad communication, your committee recommend the following resolutions:

Resolved, That we hereby decline to encourage the above named enterprise.

Resolved, That we fully realize the importance of securing a homœopathic insane asylum, and that we are ready to unitedly and cordially support any feasible plan having for its object the accomplishment of so beneficent a purpose.

A. T. BULL.
GEORGE M. LEWIS.
E. G. COOK.
GEORGE F. FOOTE.

On motion the report was accepted.

Dr. Cook read a paper reviewing the theory of tuberculosis as published in the *Homœopathic Quarterly.*

On motion, Dr. Cook was requested to publish his paper in pamphlet form, and then furnish it to several of the homœopathic journals in this country for publication.

Adjourned.

Proceedings of an Extra Meeting, November 17, 1869.

An extra session of the Society was held, Wednesday, November 17, 1869.

Present.—Drs. Foster, Lewis, Bull, Osborne, Wright, Appleby, McMichael, E. L. Cook and E. G. Cook.

The reading of the minutes of the last meeting was dispensed with.

The president stated the object of the meeting was to hear a report from Dr. Foote upon the Margarettsville Retreat.

Dr. Foote then presented a long and interesting report upon the proper mode of establishing and conducting insane asylums. See page 420.

The Cause of Tuberculosis, a Review of Dr. Rollin R. Gregg's Hypothesis, by E. G. Cook, M. D., Buffalo, N. Y.

This new hypothesis of tuberculosis arising from loss of albumen, was first given, I believe, to the public in pamphlet form; afterward read before this Society. In 1866 it was published in the "Transactions of the Homœopathic Medical Society," of this State; then brought out in the French language. Last spring a long review was published in the New York *Tribune.* And now this matter, which, we are informed, has been stereotyped for publication, is again presented to the public in the *Homœopathic Quarterly.*

One thing must be obvious to all, namely: That thus far not one word of comment in opposition has been allowed in the above journal. In fact, this was precluded in advance, as the public were given to understand that he did not wish any foreign aid in his undertaking. Thus it will be seen this dogmatical and speculative quarterly is a personal affair, and to our view, purely a private, self-laudatory and advertising medium.

In proceeding to examine his hypothesis, we will first present the "proposition" upon which, he informs us, this whole fabric of his invention is "based."

"Nature, when undisturbed in her purposes, is ever perfect in all she does. Of the constituents of the blood, of which there are seven, in the general classification that is made of these, she has so nicely adjusted the proportions of each to that of all the others, that the health she seeks to bestow must result from its action. A loss, then, of a portion of any one of these constituents from the blood, leaves all the remaining ones in a relative excess in the blood vessels,

and hence the results which nature seeks are defeated; these excesses becoming sources of physical derangement from the moment the healthy proportions of the blood are destroyed. Upon this proposition the investigations which follow are based."

That falling of the apple which led our homœopathic Newton in framing his tuberculoid organon, was "one symptom" of "a case of tuberculosis, in the incipient stage," and wherein the patient would occasionally expectorate "a transparent gelatinous mass." From 1854 to 1861, the doctor tells us, he was engaged in a great study to settle what this was that was thrown off, "more or less from the mucous tissues in certain cases;" and in the latter year he comes to the sage conclusion, "this was nothing more or less than albumen." We, too, had albumen on the brain about this time (1856), but no tubercle; and in that year we satisfied ourselves upon this same question. Now, permit us to ask, why the necessity for this vast study and herculean labor to establish *this fact?* Given a small amount of this substance from any of these diseased mucous surfaces, and in one day any person could satisfy himself perfectly of the facts in the case. Besides, was there any controversy upon this point? Were we not told, in fact, by almost every physiologist of modern repute, that this was albumen? And really, has not the doctor gone to these very authorities to settle this whole thing? By the way, one thing seems strange, and has greatly puzzled me all the way thus far, in this quarterly. The doctor makes a great discovery, and then comes forward with quotations from this and that physiologist or pathologist, to substantiate just what he has discovered. For instance, he finds that albumen is the substance lost from the diseased mucous surfaces, and then quotes Virchow, Lehman and others, to confirm it. He next discovers how tubercle is formed, as a consequence of this loss, and then attempts to substantiate it by long and irrelevant citations from this and that author. He discovers the "law of metastases," and concludes by admitting a very remarkable fact, namely: That the exceptions are as numerous, or nearly so, as the rule. Finally, he discerns a "wonderful confirmation of these discoveries," that hardly anybody else can possibly see, "in the composition of the decolorized blood-corpuscle, which is the base of the tubercle," and then shows from Virchow exactly this fact fully confirmed. Now, permit us in our ignorance to ask, how is this? Did the doctor first see these things in these works, or did these authors first see the doctor's discoveries and forestall him by

publishing them? But we must not be too querulous. We shall see more of these discoveries as we proceed, and also what foundation there is for them. We will, therefore, proceed to the preliminary consideration of the main question.

The doctor assumes here that "Nature has prepared healthy blood in *just such* proportions of its several constituents as are required for use in the normal conditions of the system." We do not care to controvert this proposition in extenso (neither have we the time here to enter minutely into a critical analysis of this question); but will ask what are the facts in the case? Take 100 healthy men and women, and while it is true that there would be found something of a general agreement in the blood of all, still a very wide difference would also be seen, and this too, in health and in the same individual at different times. If our soldiers at Andersonville, and other rebel prisons, had been examined to ascertain the relative proportions of corpuscles to the fibrin and albumen, it would be found to be true of all of them that the corpuscles were reduced from 127 or 140 of solid residue in 1,000 parts of blood to 100, seventy-five, or fifty even, while the albumen might remain the same. This fact shows that "Nature" tolerates, and can bear with impunity, a very great difference without any serious detriment to our physical constitution. Dennis has shown this fully in his analyses of the blood of twenty-four healthy persons, ranging from four to eighty years of age. The maximum of corpuscles in 1,000 parts of blood was found in a *healthy man*, twenty-three years of age, and stood thus:

Water	733.
Fibrin	2.3
Corpuscles	182.
Albumen	55.

The minimum of corpuscles was found in a *healthy* man of fifty-three and stood:

Water	790.
Fibrin	2.6
Corpuscles	100.
Albumen	63.

A difference, it will be observed, of eighty-two per cent in corpuscles and twenty-three per cent in albumen. Surely the first of these cases ought to have been, like Job of old, covered with carbuncles, for certainly the water and the corpuscles, relatively to the albumen, were greatly in excess; just the condition, as claimed by the doctor

that gives rise to tubercles. The truth is, there are people who walk this earth in health from the cradle to the grave, whose blood, compared with this analysis of healthy, will show a qualitative difference ranging from ten to 350 per cent. The water of the blood is the least changeable of any of its constituents relatively, yet it may vary *in health* over ten per cent; fibrin, over 200 per cent; albumen, over fifty per cent; the corpuscles, over eighty per cent; fat, over 300 per cent; and the salts and extractive matters over fifty per cent.

"Just such proportions." Indeed? No, no; there is no such pent-up and contracted range for nature as that given by the doctor.

Why did the doctor start with this *seemingly* fair proposition, which we have now shown to be so utterly fallacious? To our mind, the answer is at hand. He wished to pave the way for what was to follow, giving the ignorant public to understand that he had the best of reasons for his hypothesis. I have used the word ignorant public designedly. I refer, of course, to this theme alone in this connection. I do not believe one physician, even in a hundred, without specially reviewing the subject, is prepared to give an intelligent opinion upon this question, much less the non-professional public. And this is one of the reasons why the doctor is enabled to present so many testimonials, from otherwise well-informed and most worthy practitioners of our school, in support of his position, or at least giving him encouragement in his undertaking. *They have taken it for granted, as is too often the case, that he has gone over the field and is talking of that which he knows.*

Thus much as to this proposition, the consideration of which we will close with a quotation from "Simon's Chemistry of Man." On page 161, he says: "It is almost unnecessary to observe that the blood of one and the same individual may vary in its constitution at different times and under different circumstances. Among the most obvious causes we may mention the proper supply, or the absence of sufficient nutrition."

We come now to the foundation theory, and here we ask, is this, the main hypothesis of Dr. Gregg, tenable? The theory set up is this: That through the mucous membrane there is the loss of albumen more or less in consumption, and this loss is just so much taken from the blood, one of its essential constituents; and hence the water of the blood and the corpuscles are left in excess relatively to the albumen, and as a resultant we have tubercles, consumption and death; unless, as we will add, and as the reader, it seems to us, must infer

from this quarterly, the victim flies to the doctor to be cured with his 1^{m}. attenuations, which, particularly the 40^{m}. is, at this present time, just the point to go to insure speedy and perfect success in all of these otherwise incurable consumptives.

But we must allow the doctor to state his own case, which serves our purpose better, as we desire the main point of the dispute clearly and fairly presented.

On page 5, of the first number of this quarterly, he says:

"Through discoveries which we think we have made in pathology, we claim to have definitely settled the fact, that tuberculosis, in any, and all parts of the system, is caused by a loss of albumen from the blood, through the mucous membranes, in consequence of chronic irritations and abrasions of the free surface of this lining of all the internal organs which possess it; and that all tuberculous-corpuscles, so-called, are nothing more nor less than the relative excess of red blood-corpuscles which is left in the blood-vessels by such loss, these being decolorized by the diluted or more watery serum, which always results to all persons when they lose albumen from the blood through any diseased action."

This gives his theory fully.

But again, on pages 15 and 16 of his synopsis, we read:

"The fact once established in my mind, then, that the transparent gelatinous secretion, spoken of in my pamphlet, and to which reference is here made, was albuminous in character, and that all the albumen lost through the mucous membranes, in the ways above described, diminished the amount of this constituent of the blood, by so much, marked the commencement of a second series of discoveries that I have made, which is far more important than the first, and opened a field for pathological research that bids fair to be at least equal, if not greatly superior, to any other that has ever hitherto engaged the attention of the profession. It was clear to me that that proportion among the constituents of the blood, which nature has caused to be produced, and hence, necessarily required in order to make a nutritious fluid, *was destroyed by such loss*, and that the remaining constituents, namely: water, blood corpuscles, hematin, fibrin, fatty matters, salts and extractive matters, *would each be left relatively in excess in the circulation in the ratio they must bear to each other, and to albumen in perfect blood.*"

"According to this table,* then, if one ounce of albumen is lost

* The analysis of healthy blood. E. G. C.

from the blood, we have above thirteen ounces of the other constituents, collectively, left in a relative excess in the circulation; or, in other words, there would be wrought, in this way, a complete destruction of over fourteen ounces of blood, including the ounce of albumen, for any and all purposes of normal nutrition; and yet this is a view of this subject which appears never before to have been taken. To go into details we find the following: The loss of one ounce of albumen would leave a relative excess in the circulation, of nearly six ounces of the water of the serum, over seven ounces of blood corpuscles, fifteen grains of fibrin, nearly nine grains of fatty matters, over forty-one grains of salts, and above thirty-seven grains of extractive matters."

Now, what does the doctor do here? Let us see. He *assumes* that for every ounce of albumen lost, "this would leave a relative excess in the circulation of nearly six ounces of the water of the serum, over seven ounces of blood corpuscles, fifteen grains of fibrin, nearly nine grains of fatty matters, over forty-one grains of salts, and above thirty-seven grains of extractive matters." All very fine and conclusive in support of his dogma, as he would have us infer, *if this were true.* Now, does the doctor not know this is assumption purely? If he does not, he stands self-convicted of "lamentable ignorance." Or if he does, a worse fraud upon the credulity of the public to sustain his theory. But did the doctor not know that while this loss of albumen was going on there were *other changes taking place* relatively of the other constituents of the blood also? Was this fair or just, then, in order to prop up his foundationless hypothesis, to thus represent these several constituents of the blood? We shall see. We cannot stop to discuss the nonsense of "drawing blood from the healthy subject and pouring the same into pure water," and likening the effects produced to the action going on in the healthy or diseased living veins and arteries. We will merely ask, "if the corpuscles are so difficult of being acted upon *out* of the body, and have their coloring matter washed out of them and swell and burst," how much more so is this true of them *in* their native element? For future reference and convenience we will here give the standard in 1,000 parts of healthy blood, fixing the corpuscles freed from water as so much solid residue.

Water	790.	
Solid residue	210.	
		1,000.
Fibrin	2.6	
Corpuscles	127.	
Albumen	70.	
Fat, extractive matters and salts	10.4	
		210.

With but slight variations, this is the same as given by Dr. Gregg. The albumen is the same, and the corpuscles with their 385 parts of water added, will make the same. Andral, Lecanu, Gavarret, Rodier, Dennis, Simon, and many others, give us nearly the same analysis. Some of them make the corpuscles and albumen higher, others again lower. But this seems to be very near the acknowledged standard. Now, these same men, or most of them, have given us also repeated analyses of the blood of consumptives and those with the "other kindred maladies." And it is to these analyses we wish particularly to call attention; for upon these turns the whole question. Simon made three analyses of the blood of phthisical persons, with the following result:

	First.	Second.	Third.
Water	807.	825.	750.
Solid residue	193.	175.	250.
Fibrin	4.6	6.	a trace
Albumen	98.	90.	130.
Corpuscles	74.	64.	95.

Andral and Gavarret have analyzed the blood in twenty-one cases of this disease. Simon remarks of these analyses: "In only two instances did the amount of corpuscles approximate to the normal standard as fixed by Lecanu. The amount was frequently *below* 100, and the decrease of corpuscles was almost always found to be accompanied with a corresponding increase of fibrin," and I will add, an increase of albumen also. We will now see what the mean of these twenty-one cases is: "Water 810, or very nearly solid residue 190, fibrin 4, corpuscles 100, albumen 85." Becquerel and Rodier examined the blood of nine persons affected with pulmonary phthisis. The following mean composition of the blood of the men was found:

Water	795.
Solid residue	205.
Fibrin	4.
Albumen	66.
Corpuscles	125.

The mean composition of the blood of women stood thus:

Water	796.
Solid residue	204.
Fibrin	4.
Albumen	70.
Corpuscles	119.

Here, now, in the light of Dr. Gregg's claims, let us stop and review these remarkable figures. Simon's three analyses make the albumen *up* to ninety-eight in the first, ninety in the second and 130 in the third; while the corpuscles are *down* to seventy-four in the first, sixty-four in the second and ninety-five in the third. The average of *excess* in albumen is thirty-six, while corpuscles, as compared with the normal standard, are *deficient* on average of fifty-one. The twenty-one cases of Andral and Gavarret, give an excess of fifteen in albumen, and a deficiency of twenty-seven in corpuscles. The nine cases of Rodier and Becquerel approach more nearly to the normal standard, so far as the albumen and corpuscles are concerned. Now, these, and other analyses, fix some very stubborn and insurmountable facts in the way of Dr. Gregg's theory. For, it will be remembered, he makes his carefully-worked-out and figured-up plan hinge upon the assumption, "that the corpuscles are increased relatively, while the albumen is diminished in tuberculosis." The facts of science, as we see, settle exactly the reverse of this, namely: that the corpuscles are almost universally found diminished, while the albumen is almost as universally found increased. What now becomes of this new theory in view of such facts? Evidently it must pass with the hundreds of other baseless medical theories, as a vision of the night.

Now, is it not apparent to the dullest comprehension, that back of all this lies the *true cause* of tuberculosis? Can there be a question, but that before the food is fully converted into blood, indeed in the blood-making and assimilating organs, and still further back, in an hereditary tendency begin the abnormal changes that finally produce tubercles. It is a well ascertained fact, moreover, that blood corpuscles do not depend upon the veins and arteries for their existence, but upon the quantity and quality of the food taken, and the health and strength of the digestive and assimilating functions; while age, sex and temperament also influence, more or less, the whole composition of this fluid. Is it not clear now, that what is here assumed as the *cause* of tuberculosis, is really only a product of the disease? And may not the loss of albumen be merely an effort of nature to

free herself of, not a superfluous amount of corpuscles, but of albumen itself? To all careful observers of consumption it is well known there are many cases of tuberculosis where there is only the slightest loss of albumen; while in others the greatest loss of this constituent of the blood apparently affords relief. All medical men know, as they have seen, that if a cough changes from a dry to a loose one, unattended with the loss of much pus, though accompanied with the loss of very great quantities of albumen, the case is hopeful. Cases illustrating this are in point. In 1856 we were called to see a Mrs. H., aged about fifty; she had suffered from a *dry* cough for some years. At the time I saw her, the cough had been almost continuous for a year, *but unattended with the least* expectoration. This was her condition to the close. The *post-mortem* revealed the most wonderful case of tuberculosis of the lungs I ever saw. Both lungs were completely filled with almost innumerable tubercles, from the size of a pea down to a millet seed. On the other hand, I had in May, of this present year, a case under treatment that for nearly twenty years had expectorated a daily average of half a pound of albumen, *yet without tubercle in that whole period.* Another, and indeed a remarkable case, if the doctor's theory is of the least value, under treatment at this present time, with carbuncle; which is all the same thing, as we learn in this quarterly. The tuberculous swelling extends from the center of the forehead, in a direct line over the top of the head down to the lowest point of the hair on the neck, a distance of fourteen inches; and from the top of the head down to, and rather below the lowest point of the ear, a distance of seven inches. Now, I made particular inquiry to find if this man had lost albumen in any way. Had he had a cough? "No." Catarrh? "No." Diarrhœa or kidney trouble? "No; remarkably free from all such all his life." Then, I thought, what right has this enormous carbuncle here unless the patient has lost vast quantities of albumen, as only could it come in this way, by Dr. Gregg's theory. Thus, now it must be admitted, if these are the established facts in tuberculosis, there cannot be the least foundation for the doctor's theory; and all his efforts showing the relative loss or gain of the albumen and corpuscles in this disease, is just so much drawn from the imagination. For what tenable position can we have, when, instead of the facts of chemistry and of pathology sustaining his hypothesis, they go to show something entirely different.

To those who have read the doctor's lengthy articles upon this

subject, thus far, one thing cannot fail to have impressed itself upon their attention, namely: That as yet he has adduced not one particle of evidence in support of his claim; not a solitary analysis of the blood of a phthisical person has he brought forward showing that the corpuscles and the water are increased relatively to the albumen, as assumed. All his reasoning has proceeded upon the admitted fact of the loss of albumen, and then the assumed fact that the amount lost does leave just the relations of the several constituents of the blood, as claimed. This is a grave error, as all can now see. "Evidence of all this is here given," says the doctor. We ask: Evidence of what? and the response comes, "Why, that albumen is lost more or less in consumption." Admitted, as a general thing; what then? "Why, that tubercles are formed as I have shown."* Very far from the truth. To sustain his claim it was necessary to show just the assumed facts from the morbid physiology of consumptive patients. But then to have done this must have spoiled his bantling, and it must have come to an untimely end. This he has not done, and this, we now see, he could not, for the best of reasons, do. There is one point in this connection, to which I desire to call special attention, namely: The admitted fact of the increase of fibrin in almost all cases in consumption. Now we ask, if fibrin then, why not, by a fair and logical inference, albumen also? For what is fibrin but albumen, and albumen fibrin and casein, under other forms or modifications of the same, very same elementary compounds, all called protein? This remarkable discovery of Mulder's is without doubt known to you all? Then, why, since we see fibrin so constantly increased in consumption, may we not reasonably look for an increase of albumen also? And so very generally it is, as the facts of analysis, as we have seen, abundantly attest. The third case given by Simon, where there was only a trace of fibrin, while the albumen was up to 130 in 1,000 parts of blood, sixty above the normal standard, ninety per cent increase, may be only an example of this change or modification; the fibrin being merely transformed into albumen by that wonderful and inscrutable alchemy of organic life itself.

Now, Simon's theory is just the reverse of Dr. Gregg's, and is also

* It is evident Dr. Gregg cannot have read modern writers upon the chemistry, physiology and pathology of this disease. John Hughes Bennett, M. D., in his great work "On the Principles and Practice of Medicine," on page 181, says: "That the animal matter of tubercle consist *almost wholly of albumen*, mixed with a minute quantity of *fibrin* and *fat*." Again on page 863 he says: "We have previously seen that tuberculosis is *caused and kept up* by some fault in the *digestive process*; that the blood is *secondarily affected*, and its *albuminous constituents proportionally increased*.

the more rational of the two, as his conforms to facts, while the doctor's ignores them. Simon, on page 168, says: "I do not see how this increase can be accounted for, unless we assume, as I have previously done, that a portion of the globulin of the blood corpuscles is converted into albumen during their metamorphosis." We admit Simon is here speaking of the change produced in the transformation of arterial to venous blood, and not of consumption. But then, if albumen is the product of this metamorphosis in the one instance, we know it must, for the same reason, be in the other also; for we all know the venous state of the blood is universally increased in this disease. But this vast field of speculation we care not to enter. And neither is it necessary, as we have sufficient of solid fact to rest upon without it.

Here, now, we wish to make this double assertion, in opposition to the positive assumption of the doctor in the one, and his implied assumption in the other, namely: that the two constituents of the blood most uniformly found in excess in consumption, are the fibrin and albumen; while the two substances of the blood generally found in deficiency in this disease are the fat and the corpuscles. At this state of the investigation it will, I think, be instructive to review some of these analyses, and divine, if we can, the lesson they teach. First, then, will the doctor tell us how he can get tubercles, upon his theory, out of the three cases given by Simon, or the twenty-one cases of Andral and Gavarret? It is the fault of his position if he cannot, not ours. It is his chosen hypothesis after many years of hard study, as we are told. Ninety-eight parts of albumen in 1,000 of blood, twenty-eight *above* the normal standard, does not look as if the blood was poor in this essential part of it; while the corpuscles *down* to 74-53 *below* the normal standard, does not look as if there was a chance for any of them to swell and burst and get "stuck" in the capillaries, producing tubercles upon his plan, and for the reasons he assigns. If it does, then indeed, do we see a strange sight; and it is no wonder he is under the necessity of going "outside of all existing medical libraries" for his physiology and his facts, to show that two diametrically opposite states produce absolutely the same results. Perhaps he never dreamt of this pathological difficulty and impossibility. The worst of it for him now is, that by far the largest part of all these cases, if this be so, are producing tubercles from an *excess* instead of a *deficiency* of albumen. Please, now, figure out by ounces, pennyweights and grains, how this will make

the product; then strike the difference upon his other scale of a deficiency of albumen, and tell us the extreme of the two.

The doctor sees that the facts in albuminuria and other of his "kindred maladies," upon his hypothesis, and against him; as seldom do we find tubercles produced in this disease. How then does he meet this difficulty? Listen to him, on page 94, of his "Cause of Tuberculosis": "But, objectors will say, if all this is true, leukæmia, according to your claim of the cause of tubercles, should furnish the most constant and worst forms of tuberculosis; which is not the case, and therefore this is fatal to such a claim." We think it *is fatal* to his claim; but let him proceed: "Not so; and for the best of reasons, as we shall now see. The decolorized blood corpuscles in this disease are not changed to, or do not often, if ever, become tuberculous corpuscles for the same reason they seldom do in albuminuria, and that is, the blood is so very watery in these diseases, so much more so than in phthisis, and the capillaries are necessarily so *relaxed* thereby, that the changed and sticky corpuscles are readily washed on through those minute vessels, and ruptured or entirely broken down by the extremely thin serum, just as they would be by continued immersion in pure water, and about as quickly, no doubt, because of their constant and rapid motion through *warm* fluid, but little more dense than water; or, if any of them do secure a lodgement, all the soft tissues surrounding the capillaries are so filled with fluids so much thinner than natural, from the dilute serum constantly oozing through the walls of these vessels, that the conditions are not supplied by which endosmosis can possibly act to *empty* the distended corpuscles of the surplus water, which distends them, as is always the case in the formation of tubercles."

What a muddle of incongruities is here seen! Why, according to this, consumption should cure itself. As it is well known, the blood becomes more and more watery and reduced as this disease progresses, until finally tubercles must cease for lack of corpuscles to feed upon; when, as this is the source of supply, the patient must get well from mere exhaustion. The truth is, however, this in nowise reaches the root of the matter; but a *theory, the bane of the medical profession, must be supported.* And here we see the extremity one is often driven to to sustain it. Our patience is wholly exhausted in the reading of such crudities put forth ostensibly in the interest of science. A worse perversion of facts cannot well be found. Nothing equals it except other parts of this same quarterly, "Baron Munchausen,"

or "The Arabian Nights Entertainments." What some politicians are, when badly beaten, to figure out favorable returns; or Delmar is in the arithmetic of internal revenue, so appears Dr. Gregg, in the pathology of Tuberculosis and other kindred maladies." For like them, he sees less where there is more, and more where there is less. Now what are the *facts* in this matter also? Simon made the analyses of the blood of four persons with Bright's disease with the following results:

	1st.	2d.	3d.	4th.
Water	830.	827.	823.	840.
Solid residue	170.	173.	177.	160.
Fibrin	7.	3.	5.	3.5
Fat	2.4	1.8	2.5	2.
Albumen	103.	109.	97.	63.
Globulin and hematin	44.	45.	59.	76.
Extractive matters and salts	12.	13.	12.	11.

The exact fractions I have omitted, as they are not essential. Now what do we see here? The water is increased only from thirty to fifty, upon 790 in 1,000 parts of blood; while in three of the cases the albumen is increased from twenty-seven to thirty-nine, upon seventy in 1,000 parts of blood, so that *relatively* we see the blood richer in all these cases, in this constituent of it, instead of poorer, while it is worthy of special note, the corpuscles, represented by the globulin and hematin, are immensely in deficiency, being eighty-three in the first, eighty-two in the second, sixty-seven in the third, and fifty-one in the fourth *below* the normal standard; an average of seventy-one in 127, very nearly 130 per cent, upon the mean of fifty-six. We now find in what the blood is reduced in such patients. It is not in albumen, as represented by this chimerical theory of Dr. Gregg's, but in corpuscles. We are aware that Andral, Gavarret and others have found the albumen in some cases of albuminuria—Bright's disease—below the normal standard. But in these instances it is matter for special notice that their analysis very nearly approximate those of Rodier's and Becquerel's in consumption, so that in such cases we ought, upon the doctor's own theory, to find "unmistakably and unerringly tuberculous conditions," *which, nevertheless, we do not.* Thus we see, instead of sustaining his hypothesis, it furnishes another strong point destructive of it; *and, therefore, this is fatal to such a claim.*" It is a wonder how such a dogma could be started with such truths to confront it. But, then, advertising pays. I doubt not it will in this instance, for it will take a long

time for the facts and true science in the case to reach the public. In the mean time a great many fools, and some wise men, must get a prescription because of this hypothesis and the doctor's "lucid and simple exposition of it;" which "simplicity" is what, according to the *Tribune* reviewer, recommends it. Simple, indeed! and clear as the "father of waters," in a "June fresh." Of what possible benefit such a theory can be to aid in treating phthisis we cannot comprehend. If the production of the year to come is to be judged by the year that is past, better it should never see the light. We ask to be saved the infliction. Though far, very far, be it from us to disparage all reasonable attempts at investigation or opening of new fields of research, or penetrating the hidden mysteries of "Nature" in any and every direction. But he who attempts this must expect the torch of common sense and truth, sooner or later, applied to his works. At some future time we may review other and more subsequent claims set up, constituting his "second series of discoveries." We think we have shown incontrovertibly the fallacy of his first and main hypothesis. We fear your patience has become wearied with this necessarily lengthy exposé; but the merit of the question and very great extent of the subject allowed no less space than we have given to it.

In conclusion, then, I deny, upon the most unquestioned authorities, as well as reason and common sense, that there is a lack of albumen in the blood in consumption. I further deny, upon the same unquestioned authorities that there is, or can possibly be an increase of the corpuscles relatively in this disease. On the contrary, I have proven the reverse of this to be true that the albumen, as a rule, is increased, while the corpuscles are diminished, and that to a most remarkable degree; in some instances to one-third of their normal standard. Now, if these positions are as the facts of science and reason warrant, then, indeed, we must all see how small is the point upon which the doctor builds his fabric, and of what wretched material it is composed. That at the best it is only the old worn out, cast off, and effete humoral pathology of the ancients, exploded years ago. It seems strange therefore, that one claiming to be a "pure homœopathist," could be thus crude in his physiology and pathology. For all such, as we understand it, believe in the essential vital action of all diseases; and that not in the blood merely do these abnormal manifestations begin, but from the very first partaking of the food, to its

final reception in the blood, has the unseen work of disease been progressing. This must be evident from the best and most modern of authorities, upon the nature, power and properties of the blood itself. Says Virchow: "I do not regard the blood as a permanent tissue, in itself independent, regenerating and propagating itself out of itself, *but as in a state of constant dependence upon other parts.*" Again this same author says: "Every dyscrasia is dependent upon a permanent supply of noxious ingredients from certain sources." And again: "Not that I doubt at all, that a change in the composition of the blood may pertinaciously continue, or that it may propagate itself from generation to generation, but I do not believe it *can be propagated in the blood itself*, and these persist, and that the blood is the *real seat* of the dyscrasia." (Page 130.) Thus much as regards the physiological condition of the blood. Now, as to its chemical changes, the same uncertainty is admitted. L. Hermann says: "We know as good as *nothing* on the question, *whether within the blood itself* chemical changes of constituents take place." This is from a work upon physiology, published in Berlin in 1867. What a great pity that those vast investigators and thinkers, before giving such statements, had not seen this most lucid exposition of this "leaking-away process of the albumen" from its kindred elements of the blood, and all the steps disease subsequently takes to produce the tubercle, consumption and death. We all know how important is the saliva to healthy digestion. We know, further, the processes of healthy digestion and assimilation; but how, just where, and when *life* takes possession of *inert matter*, *none can tell.* But all the facts of distinct vital action seem overlooked in one more fruitless attempt at building another theory, and explaining what has never been explained, and for all practical purposes does not, perhaps, require solution or explanation. This view of our physiological state does not discard any avenues of investigation to teach us all that can be known of the *changes* disease may produce. But, as vitality has in the past, and will for the future of our earthly existence, refuse to impart its own particular secrets of action, so does disease maintain the same stern silence as to *how* its perverted vital action takes place. We can see the paths of the whirlwind, but as none can tell from whence it cometh or whither it goeth, so in a more secret sense, do the vital conditions of our mortal lives refuse to yield up the secrets of their amazing and wondrous union of a conscious soul with a living physical existence. A more crude attempt at explaining the wonderful and

unseen processes of nature, to our mind, was never devised. Vital actions, eluding our keenest perceptions, are made to assume physical proportions, and are attempted to be explained with a freedom and ease truly astonishing. Undisputed facts and nonsensical fiction are mingled and blended into most surprising discord. With a tenacity and perseverance worthy a true cause, the doctor has pressed and elaborated his pet scheme. With what success, the public and the profession, in view of these few facts and thoughts here presented, must be the judges.

ARTICLE LVI.

Homœopathic Medical Society of Central New York.

Organized 1849. Embraces the counties of Broome, Cayuga, Cortland, Oneida, Onondaga, Ontario, Oswego, Wayne, Madison, Monroe, Chemung and Tompkins. Annual meeting the second Thursday of June; Quarterly meetings, on the second Thursday of September, December and March.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS FOR 1869.

PROCEEDINGS OF THE QUARTERLY MEETING, DECEMBER 16, 1869.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. T. Dwight Stow.
Vice-President.—Dr. Lyman Clary.
Secretary and Treasurer.—Dr. C. William Boyce.
Corresponding Secretary.—Dr. J. H. P. Frost.

Honorary Members.

Drs. A. R. Morgan, Syracuse, Onondaga county; E. R. Heath, Dayton, Ohio; J. H. P. Frost, Milton, Pa.

Members.

Drs. Titus L. Brown, Binghamton, Broome county.
C. William Boyce, Auburn, Cayuga county.
Horatio Robinson, Sr., Auburn, "
Horatio Robinson, Jr., " "
Charles E. Swift, " "
Ezra P. K. Smith, " "
A. J. Brewster, Cato, "
H. Barton Fellows, Chicago, Ill.
William M. Gwynn, Threopsville, Cayuga county.
George H. Parsell, Weedsport, "
Henry C. Hubbard,* Scott, Cortland county.
Harrison Willis, Brooklyn.
Marcello M. Gardner, Utica, Oneida county.
Lucien B. Wells, " "
A. B. Southwick, Rome, "

* Deceased.

Drs. Lyman Clary, Syracuse, Oneida county.
Rufus E. Belding, " "
William A. Hawley, Syracuse "
W. Henry Hoyt, " "
Joshua G. Bigelow, " "
Franklin Bigelow, " "
H. V. Miller " "
Stephen Seward, " "
Jay W. Shelden, " "
Samuel C. Warren, Jordan, "
P. Oscar C. Benson, Skaneateles, Onondaga county.
B. B. Schenck, Plainville, "
J. Benson Voak, Canandaigua, Ontario county.
E. A. Potter,* Oswego, Oswego county.
Geo. D. McManus, Oswego, "
Augustus Pool, " "
De Witt C. Fowler, " "
T. Dwight Stow, Fulton, "
M. F. Sweeting, South Butler, Wayne county.
Adrian E. Wallace, Oneida, Madison county.
Stillman Spooner, " "
Edward Loomis, " "
H. P. Mera, Canastota, "
Charles Sumner, Rochester, Monroe county.
William M. L. Fiske, " "
C. H. Thompson, Pittsford, "
David I. Chaffee, Fairport, Chemung county.
W. R. Brown,* Homer, Cortland county.
S. W. Jones, Groton, Tompkins county.

B.

REPORT OF TRANSACTIONS FOR 1869.

Proceedings of the Quarterly Meeting, December 16, 1869.

The Central New York Homœopathic Medical Society met at the Court House, in Syracuse, December 16.

The Society met at 10 A. M., and was called to order by the president, Dr. Stow, of Fulton. In the absence of the secretary (Dr. Boyce), Dr. Gwynn was appointed secretary *pro tem.*

* Deceased.

The forenoon was occupied in general and miscellaneous business, and discussion of promiscuous medical subjects.

At 2 P. M. clinical reports were presented by the members.

By resolution adopted at the September meeting, bryonia alba was selected for proving and discussion. Each member had previously received a supply of the medicine from the secretary, and had been requested to prove it upon himself.

Dr. Miller read an exhaustive report upon the comparative symptoms of aconite and bryonia.

Dr. Belden read a report upon the comparative symptoms of bryonia and rhus toxicondendron.

Dr. Spooner, of Oneida, presented a very elaborate report upon bryonia and graphites, and their relation to each other in their pathogenetic effects upon the system.

Prof. J. H. P. Frost, of Philadelphia, Pa., was invited to participate in the discussions of the Society. He presented a carefully prepared, practical and scientific paper upon the characteristics of bryonia, and its uses in the treatment of disease.

His experience in teaching in the Philadelphia Medical College, and also his large practical experience, both in public and private practice, gave great weight to the subject, and added great interest to the meeting.

The Society tendered him a vote of thanks, and also solicited him to publish the paper in the *Hahnemann Medical Journal* of Philadelphia.

A communication was read from Dr. H. M. Paine, Secretary of the Homœopathic Medical Society of the State of New York, congratulating the friends of homœopathy on the rapid progress of our school throughout the State.

The State Society will hold its annual meeting (the 19th) at Albany upon the 8th, 9th and 10th of February next.

Dr. Sheldon read a proving of bryonia, exhibiting its peculiar characteristics in a very remarkable manner.

Dr. Boyce, of Auburn, read an able paper, provings of aconite and bryonia.

The president, Dr. Stowe, called Dr. Clary to the chair, that he might read a proving of bryonia upon himself.

Miss Dr. Dada read a paper on bryonia, nux vomica and sulphur, and their comparative effects in the treatment of disease.

On motion of Dr. Boyce, Prof. Frost was made corresponding secretary and honorary member of the Society.

The attendance of the Society was very full and very instructive, every member taking part in the discussions.

The Society has been in active operation for several years, was organized some twenty years since, and of late great energy and industry has been exhibited. It holds quarterly meetings in December, March, June and September, and with one exception, all of them have been held in this city. From a small beginning of ten or twelve members, it has now enrolled about one hundred from the central counties of the State.

Mr. Richardson, of Auburn, introduced to the attention of the Society an improvement on the method of producing motion of sewing machines, which received the approval of the members present. It consists of the *swing* or *pendulum motion*. It relieves the severe tax on the back and lower extremities produced by the treadle, as at present employed.

ARTICLE LVII.

Medical Society of Northern New York.

Organized 1850. Embraces the counties of Washington, Warren, Rensselaer, Saratoga, Albany, Schenectady, Fulton and Montgomery. Annual meeting, second Tuesday in July.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS FOR 1869;

PROCEEDINGS OF THE EIGHTEENTH ANNUAL MEETING, HELD AT SARATOGA SPRINGS, JULY 13, 1869.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. John F. Miller.

Vice-President.—Dr. Charles M. Mosher.

Secretary and Treasurer.—Dr. A. W. Holden.

Censors.—Drs. B. F. Cornell, Peter H. Hulst, S. J. Pearsall.

Delegate to the American Institute of Homœopathy.—Dr. J. F. Miller, Cambridge.

Honorary Members.

Drs.	A. Harvey, North Adams, Mass	1862
	Elial T. Foote, New Haven, Conn	1867
	Carroll Dunham, New York city	1867
	I. T. Talbot, Boston, Mass	1868
	Lyman Clary, Syracuse	1868
	A. R. Morgan, Virginia	1868

Members.

Drs.	H. K. Bennett, Whitehall,	Washington county.
	W. G. Woolcott,* "	"
	Charles Lowrey, Homer,	"
	J. F. Miller, Cambridge,	"
	Moses Buckley,† "	"
	Charles M. Mosher, Easton,	"
	James Rice, Fort Ann,	"

* Deceased. † Removed without the limits of the association.

Drs. W. F. Hardin,* Granville, Washington county.
Charles Crandall, North Granville, "
Charles Wilbur,† East Granville, "
J. P. Mason,† Greenwich, "
John Sarle,† North Granville, "
B. F. Cornell, Fort Edward, Saratoga county.
Edgar B. Cole, Waterford, "
L. G. Perkins,† " "
S. J. Pearsall, Saratoga Springs, "
Zina Clements, " "
G. H. Mitchell,† " "
R. J. Easton,† " "
G. H. Westcott,† " "
W. J. Whitton,* " "
J. B. Ward,† " "
J. E. Seeley,† " "
J. F. Doolittle, Ballston Spa, "
C. T. Harris,† Ann Arbor, Michigan.
Peter H. Hulst, Greenwich, Washington county.
David H. Bullard, Glen's Falls, Warren county.
A. W. Holden, " "
J. L. Stoddard,† " "
James Cromwell, Caldwell, "
Simeon A. Cook, Troy, Rensselaer county.
M. W. Campbell, " "
W. S. Searle, Brooklyn, Kings county.
C. H. Carpenter, Troy, Rensselaer county.
J. P. Bloss, " "
R. D. Bloss, " "
H. J. Ward, " "
John Younglove,† Elizabeth, N. J.
George Kellogg, New Orleans, La.
R. S. Bryan,* Troy, Rensselaer county.
Richard Bloss,* " "
J. P. Mosher,* Schaghticoke, "
H. E. Fuller, Lansingburgh, "
A. M. Cushing,† " "
D. W. Pitts, Johnsonville, "
J. T. Niver, Cohoes, Albany county.

* Deceased. † Removed without the limits of the association.

Drs. G. H. Billings,* Cohoes, Albany county.
W. H. Randel Albany.
H. M. Paine, "
E. D. Jones, "
Harman Switz, Schenectady.

B.

Report of Transactions for 1869.

Eighteenth Annual Meeting.

The annual meeting of this Society convened at the Columbian hotel, Saratoga Springs, Tuesday, July 13th, Dr. Clements, the president, in the chair.

Montgomery, Saratoga, Washington, Warren and Albany counties were represented at the meeting; the attendance full; the papers presented, and the discussions held, replete with interest and instructions.

Addresses and reports were made by the retiring officers.

Drs. J. N. White, of Amsterdam, and T. H. Coman, of Luzerne, were, upon the recommendation of the board of censors, duly elected to membership, and being present, participated in the proceedings.

The following report, made by a special committee, to whom was referred the subject of the expulsion of Dr. L. W. Kennedy, was, on motion accepted and adopted:

Whereas, It has been represented that Dr. L. W. Kennedy, of Cambridge, a member of the Homœopathic Society of Northern New York, has apostatized from the principles of homœopathy upon which this Society is based; and,

Whereas, By resolution of the Society at its annual meeting of 1868, the action of the Society was suspended for one year; and,

Whereas, The proceedings of said meeting were published in a paper printed at Cambridge; and,

Whereas, The said Dr. L. W. Kennedy, has not responded to the action of the Society; therefore,

Resolved, That the said L. W. Kennedy be expelled from this Society.

The Society proceeded to the election of officers for the ensuing year. See page 573.

On motion of Dr. Cornell, it was

Resolved, That the counties of Albany, Schenectady, Fulton and Montgomery be embraced within the limits of this Society.

* Removed without the limits of the association.

A paper containing the results of several clinical cases was read by Dr. J. F. Miller.

Dr. Pearsall reported an autopsy, and exhibited a morbid specimen of cerebral carcinoma.

Papers were presented embracing interesting clinical observations from Dr. H. K. Bennett and Dr. Clements.

Dr. Cornell related several interesting cases, illustrating the importance of accurate diagnosis of disease, having reference to pathological conditions.

The secretary was instructed to embrace in the published transactions of the current year, an obituary notice, by Dr. Cornell, of Dr. J. L. Stoddard, formerly a member of this Society.

On motion, the Society adjourned to meet at the same place on the second Tuesday of July, 1870.

ARTICLE LVIII.

Kings County Medical Society.

Organized November 12, 1857. Annual meeting, in May; semi-annual, in November.

A. OFFICERS AND MEMBERS.

B CLINICAL REPORTS:

IS SCARLATINA CONTAGIOUS? BY WILLIAM WRIGHT, M. D.

REPORT OF CLINICAL CASE. BY WILLIAM WRIGHT, M. D.

MEASLES AND DYSENTERY. BY WILLIAM WRIGHT, M. D.

CASE OF DIARRHŒA. BY WILLIAM WRIGHT, M. D.

PROLAPSUS OF THE BLADDER IN LABOR. BY JOHN HAWKS, M. D.

ADIPOSE TUMOR REMOVED FROM THE RIGHT LUMBAR REGION. BY MELVILLE BRYANT, M. D.

FIBROUS TUMOR REMOVED FROM THE TUBEROSITY OF THE ISCHIUM. BY MELVILLE BRYANT, M. D.

CASE OF COMPOUND COMMINUTED FRACTURE. BY JAMES L. WATSON, M. D.

C. MISCELLANEOUS PAPERS:

REVIEW OF DR. WELLS' PAPER, ENTITLED "THE ESSENTIAL NATURE OF THE DRUG CURATIVE." BY WILLIAM WRIGHT, M. D.

IODISM. BY JOHN HAWKS, M. D.

UTERINE FIBROID TUMORS. BY HENRY MINTON, M. D.

BIOGRAPHICAL NOTICE OF THE LATE DR. JOEL BRYANT. BY HENRY MINTON, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Henry Minton, M. D.

Vice-President.—J. B. Elliott, M. D.

Recording Secretary.—George Austin Bowen, M. D.

Corresponding Secretary.—W. L. R. Perrine, M. D.

Treasurer.—Henry F. Aten, M. D.

Censors.—Drs. P. P. Wells, William Wright, and E. T. Richardson.

Delegate to the State Medical Society.—Drs. W. L. R. Perrine, F. W. Skiles, George A. Bowen, J. B. Elliott, J. Lester Keep, Ward C. Pardee, John L. Hawks, H. E. Morrill, and Henry W. Aten.

Members.

Drs. Henry F. Aten, 20 Hanson place, Brooklyn.
G. H. Billings, " "
A. C. Burk, 142 Union, "
Frank Bond, 83 Court, "
Geo. Austin Bowen, 60 Pierrepont, "
Gustave Bloede, 319 Schermerhorn, "
Melville Bryant, 106 Adelphi, "
J. P. Duffin, corner Schermerhorn and Clinton, Brooklyn.
Joseph B. Elliott, corner Clinton and Fulton ave., "
Bernard Fincke, 92 Livingston, "
Jacobus H. Gunning, 73 Lafayette, "
Henry S. Gilbert, 327 Bridge, "
Clark T. Hamilton, 186 Atlantic, "
S. Cullen Hanford, 113 South Fifth, "
William H. Hanford, 90 Fourth, "
John Hawks, 20 Jefferson, "
Lester Keep, Gates avenue corner Vanderbilt, "
J. Lester Keep, " " "
Henry Minton, 138 Remsen, "
Reuben C. Moffat, 10 Schermerhorn, "
Henry E. Morrill, 88 Orange, "
George V. Newcomb, 149 Adelphi, "
George W. Newcomb, " "
George Nichols, 190 Leonard, "
A. J. Palmer, Bedford avenue, near Myrtle ave., "
Ward C. Pardee, Monroe, near Franklin, "
William L. R. Perrine, 83 Montague, "
Edward T. Richardson, 87 " "
John G. Rossman, 60 Pierrepont, "
Ferdinand Stamm, 52 Meserole, "
Francis W. Skiles, 76 Clinton, "
Albert E. Sumner, 105 Joraleman, "
John F. Talmage, 106 " "
P. P. Wells, 84 Clinton, "
Jos. B. Ward, Bedford ave. cor. Broadway, E. D., "
James L. Watson, 163 Gold, "
Albert Wright, Bedford ave. cor. Broadway, E. D. "
William Wright, 35 Fifth, E. D., "
Edward L. Whitney, 93 Lafayette avenue, "

B.

Clinical Report.

Is Scarlatina Contagious? By Wm. M. Wright, M. D., Brooklyn.

Like many other questions connected with the science of medicine, this is one upon which physicians are by no means agreed, while some have contended that in the malignant form at least, scarlatina maligna is most certainly contagious, and have adduced many facts in proof of the position. Others, with equal pertinacity and assurance, maintain that it is not contagious in any proper sense of the word, but is purely epidemic in its character; and among other things they cite, in proof of this, that it lacks one of the essential characteristics of a contagious disease, viz.: The destruction of the susceptibility to its subsequent morbific influence! This they show to be the fact as illustrated in the numerous cases where individuals are known to have had the disease for the *second* or *third* time. Without entering into this controversy, either *pro* or *con*, I simply propose to present a few facts bearing upon the question, which have fallen under my own personal observation, leaving it to others to reconcile the facts presented with their particular theories, be they for or against its contagious character.

Sometime during the fall of 1837, a family residing in the city of New York had a child sick with the "scarlet fever," of what type I do not now call to mind; that child recovered, and about six weeks after the family went on a visit to a friend in the city of Hudson, N. Y., about 116 miles up the North river. For some months previous to that time no case of scarlet fever had been known or heard of in the city. On the eighth day after their arrival one of the children in the family where they were visiting was taken down with the scarlet fever, and from that the disease spread rapidly, extending all over the city, and proving in the end one of the most malignant and fatal epidemics that ever visited the place. Cases were known to prove fatal in less than twenty-four hours after the first symptom of illness had manifested itself; and one case, under the care of the most eminent physician in the city, was reported to have proved fatal in less than twelve hours!

Two years after, a very similar event occurred in the town of Claverack, some five or six miles northeast of the city of Hudson. A family by the name of D——t, residing upon the high range of hills running parallel with the river, and some four miles distant, con-

sisted, among others, of an elderly gentleman, a married son, with one child some ten or twelve months old, and a servant boy fourteen years old. An elder son who was also a married man, having children, resided in Albany, N. Y. Early in the autumn of 1839, one or more of the children of this family had the scarlet fever, and a few weeks after their recover this family visited the old homestead. At that time the town was generally healthy, and no case of scarlatina had been known to have occurred in the town for months, if not for years previous, but in *eight days* after the arrival of the family, in apparent perfect health, the infant child at the homestead was taken ill with scarlet fever, and eight days after that the servant boy was also taken ill of the same disease. During the seven of eight days intervening between the attack of the infant and his own attack, this lad had attended the district school. From this nucleus the disease spread rapidly, being confined, however, for a considerable time to the residents and children of that particular school district, but eventually extended into other localities, until it covered an area of several miles in extent.

This disease, like that of the city of Hudson, two years previous, proved to be a most malignant and fatal epidemic. Ulcerations of the throat and nostrils, abscesses in the neck and near the parotid glands were very common, and exceedingly difficult to manage, and in some few of the cases extensive and troublesome. Sloughing of the soft parts, about the elbows, abdomen and thighs took place before death. In one case, that of the servant boy in the family of Mr. D——t, this sloughing in different parts of the body was very extensive, so much so that had it been in one locality it could not have been covered with the two hands, and yet he recovered!

In some families, children who had *once suffered from the disease* took it for the *second time*, while other members of the family, who had never had it, escaped entirely! The disease proved the most malignant and fatal during the months of January and February, and as spring approached became milder, and was quite under the control of judicious medication.

I close this paper, as I commenced it, with the question: "Is scarlet fever contagious?"

Case Reported by William Wright, M. D., of Brooklyn.

Mrs. P. P. M——, aged twenty-five, of pretty good general health, and the mother of two children, was taken ill about the 25th of

August, 18—, and called in Dr. W. S. N——, her allopathic family physician. I am not informed what the characteristic symptoms of this illness were at the commencement, but eleven days after she became the subject of medical treatment the following symptoms manifested themselves: Great prostration, a quick feeble pulse, dry skin, pale countenance, heat of body slightly increased with an acute and most distressing pain in the left hypochondrium. I soon learned that the patient had been blistered, catharticised freely with calomel and jalap, followed up with large doses of opium or morphine *secundum artem.* Under the soporific influence of this drug the patient obtained some slight but temporary relief; for no sooner did the stupefaction begin to pass off when the pain again returned, so that the medication, instead of making any approach to a cure was simply blinding the eyes of the doctor and the patient, temporarily, to the nature and severity of the disease. So distressing had these pains become that when the effects of the opiate had passed off, the patient said she could not live much longer without relief.

On taking charge of the patient I immediately commenced the use of aconite[3] and colocynth[3], diluted in water alternating the two remedies half hourly. In less than the usual time which opium requires to produce its specific action upon the system, the aconite and colocynth effectually removed all pain, so that there was no return of it during her short remaining illness.

On the 7th the skin became moist, the circulation normal, thirst moderate, with an abscence of all general as well as local symptoms of inflammation. The aconite and colocynth were therefore discontinued, and in consequence of the general prostration of the system, either by the disease or the former medication, china was prescribed as the only remedy. During the succeeding night, very much to my surprise, my patient was suddenly attacked with considerable distress in the bowels, but not in the seat of the former pain, with considerable flatulency and tenderness of the whole abdomen, and a feeling as if diarrhœa had set in, colocynth and arsenicum were now prescribed internally while fomentations of hot water were ordered externally.

September 9th. My prescription of yesterday brought some relief, but the diarrhœa had developed in the course of the night, without however, producing any change of skin or pulse, or other febrile excitement. Mercurius sol. and nitric acid were now prescribed, and with the happiest effect. The diarrhœa was promptly arrested, and all other abnormal symptoms speedily followed; a dose or two of

sulphur[3] in the meantime having been administered, in consequence of her strongly developed strumous diathesis, perfected the cure. With no other medication, on the 12th of September, or just six days after taking charge of the patient, she was discharged cured. Convalescence was rapid and perfect.

Measles and Dysentery. By William Wright, M. D., of Brooklyn.

Martha P——, aged three years, had a severe attack of measles in March last. She was attended by an allopathic physician, who, either from bad management or worse medication, pronounced her as *incurable*, and she was, consequently "given up to die," when, as a *dernier resort*, but with probably little faith in the homœopathic system of practice, I was sent for, on the 26th of the same month, to take charge of the case. In the course of a few days' treatment I had the satisfaction of seeing an entire change in the condition and appearance of my little patient, and in the incredible short time of sixteen days, of discharging her as cured.

The severity of the attack, but still more the severity of her treatment while in allopathic hands, had so far broken down her system, and made such inroads upon her constitution, as to render her an easy prey to sickness in any form that might thereafter present itself.

In July of the same year, she was taken ill with marked dysenteric symptoms; but the parents, thinking it merely "a looseness of the bowels," which needed "shutting up," and knowing that "opium was good for that," they proceeded to use it pretty freely, but not succeeding in their medication, they became alarmed, and I was called in July 27th.

I found the patient quite comatose from the opiate administered, with a hot and burning skin; pulse 120; alvine evacuation frequent and bloody; considerable tenesmus, as well as severe griping pains in the umbilical region, and a high state of nervous excitement. I immediately prescribed aconite,[3] mercurius cor.[3] and colocynth,[3] repeating the doses in the order named, half hourly, and gradually extending the intervals as the symptoms yielded to the treatment. On the 29th I found my patient somewhat improved; the skin moist; pulse considerably reduced; expression of countenance cheerful; alvine evacuations diminished, both in fullness and frequency, although yet too frequent, and attended with more or less tenesmus.

July 30.—The patient passed a restless night; skin became hot and dry; pulse not examined, in consequence of the highly excited

and irritable condition of the patient; the tongue seemed to be but slightly furred and moist; the alvine evacuations bloody, though not increased in frequency; neither were they attended with any increase of pain or tenesmus. The same prescriptions continued; but as this was among my first cases of dysentery under homœopathic treatment, I left a few small powders of calomel and Dover's powder, to be given once in three hours, in case my previous prescriptions failed of giving the desired relief. The homœopathic system being entirely new to the family, and having little or no faith in it, they readily found an excuse for the administration of the calomel and Dover's powder.

July 31.—On visiting my patient I found her somewhat relieved. The homœopathic prescriptions had been persevered in until five, P. M., when it was abandoned, and the calomel and Dover's powder substituted, which, they said, gave her immediate relief. At any rate the patient became quiet soon after taking the first powder, and the alvine evacuations lessened, so that she passed a very comfortable night.

August 1.—Found my patient still improving. Skin moist; evacuations from the bowels much less frequent, and improved in color and consistency. At twelve M., and also at twelve P. M. (midnight), she had a slight exacerbation of fever. Prescription continued.

August 2.—Found my patient about the same, evacuations assuming a yellowish tinge, though occasionally streaked with bloody mucus; pulse 100; skin normal; perspiration free; prescribed mercurius sol. alternated with nitric acid hourly, and carbo veg. once in six hours.

August 3.—Patient quiet and inclined to sleep; all other symptoms improving; prescription continued.

August 4.—Patient much improved, cheerful and bright; left a few doses of carbo veg., and discharged her cured (nine days). Convalescence rapid and complete. This case is presented, not so much for anything specially remarkable in the treatment, but to show how readily homœopathy may cure, and often does cure, where allopathy has utterly failed. The combination of the Dover's powder, of course, was not exactly orthodox, nor would it now be approved.

Diarrhœa. By Wm. Wright, M. D., of Brooklyn.

Mrs. S———, the subject of this paper, was born of healthy parentage in Wilmington, Del., in the year 1846. At the early age of

twenty she was married to C. S———, her present husband, and soon after took up her residence in the city of Brooklyn, N. Y. Previous to her marriage she had always enjoyed what was regarded by her friends as a very fair degree of health. In person, she was tall, rather spare in flesh, complexion pale, with a remarkably fine head of beautiful dark and luxuriant auburn hair; quiet and retiring in her demeanor; rarely if ever sick, and yet never enjoying any thing like true vigorous and robust health. Her menstrual periods were pretty "regular" though scanty, and oftimes attended with more or less bearing down pains, described as "dead and heavy," but unaccompanied with either nausea or vomiting. In fact these periods were rarely so severe as to disqualify her for the performances of her ordinary domestic duties. And it may here have been said that the main feature of her physical inertia, durihg maiden life, seemed to have arisen from the absence of a proper supply of that natural stimulus of vigorous health—*pure arterial blood.* Her marriage was speedily followed with pregnancy; and this with those concomitant disturbances, which so often ruin health and render the life of many females one of wretchedness and misery. Her morning sickness, which at first was not very severe, gradually grew worse, and oftimes resulted in severe vomiting. Soon she became very much harrassed and distressed by an almost continued "heart burn," all of which greatly tended to weaken her system and break down what little of real heroism she had ever possessed.

Some two months previous to her confinment she had an attack of diarrhœa, attended with severe griping pains in the umbilical regions, some flatulency, with very frequent and copious watery discharges from the bowels. For the cure of these symptoms she took, by the advices of friends, some "cholera medicine," without deriving, however, the least benefit therefrom. Becoming alarmed at her situation, Dr. P———, a physician of considerable celebrity in this city, was called, and prescribed a "bottle of medicine," which "speedily arrested both pain and diarrhœa." What that medicine was, I know not; but in about one week thereafter the diarrhœa returned with increased virulence, attended this time with marked dysenteric symptoms. The remains of the doctor's "diarrhœa medicine" was now administered, but "gave no relief whatever." The doctor was then recalled, who ordered repeated doses of "morphine and camphor," which had the effect to arrest the urgent symptoms quite promptly, and to promise, in the estimation of both doctor and patient, a permanent cure.

Thus matters passed on, with occasional relapses, until within about three weeks of her expected confinement, when she was suddenly taken with "severe griping pains in the abdominal region," which her physician, after a very hasty examination, pronounced "labor pains!" Labor did *not*, however, immediately follow, and the doctor was soon compelled to admit that he had made a "mistake in his diagnosis." Camphor and morphine, the favorite remedy, was again administered; but, in this instance, relieving the pain only by its narcotic properties, but did nothing toward arresting the profuse diarrhœa which had early set in, and, perhaps, first awakened the doctor to a sense of his mistaken diagnosis.

Various other remedies were tried with little or no better effect; the doctor consoling himself at last, with the idea, and trying to make his patient think so too, that "all trouble would be removed *as soon as labor should come on.*"

At the "set time" labor came, and Mrs. —— was delivered, with no more than ordinary suffering, of a fine, well formed, and healthy child. But the promised cure of the diarrhœa did not come. On the contrary, it now became greatly aggravated. Discharges more frequent, thin and watery, attended with a sickening, sinking sensation which rapidly exhausted her strength, and entirely blasted all her fond hopes and expectations.

Starch and lard injections were now added to the camphor and morphine treatment, and administered after each evacuation. These injections were almost invariably thrown out immediately after being administered, but, nevertheless, were followed up with a zeal and a perseverance worthy of a clearer perception, and a higher appreciation of the true law of cure.

Signally failing, however, in arresting the disease in this manner "suppositories" of morphine, etc., were then substituted for the injections, which at first seemed to promise some relief, by slightly lessening the frequency of the discharges, but "soon seemed to lose all their restraining power, and the diarrhœa returned with its usual severity."

The discharges were now more frequent and exhausting. Thirty or more evacuations in a single night, although they were somewhat less frequent during daylight. The patient's strength by this time, as well might be supposed, was completely exhausted. Even the bed-pan could not now be borne, and sheets and other cloths had to be resorted to as a substitute. To add to her other afflictions, some two or three weeks preceding her accouchement, her mouth became

so sore and troublesome as seriously to incommode her in any attempt to masticate food, and instead of leaving her on confinement, rapidly grew worse.

Two weeks after this event, nausea and frequent vomitings returned with redoubled vigor; the mouth and gums became ulcerated and bled freely. The little food taken "sat heavy on the stomach." A severe burning sensation was experienced in the præcordia, greatly harrassing her, and from which she could get no relief. Her spine, in the sacral region, became sore and soon after ulcerated. Small boils made their appearance in and around the axilla of so painful a character as almost to preclude the motion of either arm.

The character of the stools were generally thin and watery, and when most frequent "resembled senna water with the leaves intermixed." At other times, they assumed various shades; sometimes "leadish;" then again "creamy," and then, perhaps, a greenish cast; but in this latter state were sure to be attended with severe, griping pains.

The odor was generally quite offensive; at times extremely so; sometimes sour and sickening, and at others resembling the emanations from dead and putrid animal matter. Simultaneous with the development of this more aggravated form of the diarrhœa, very profuse night sweats set in, often completely saturating not only the night clothes, but absolutely wetting deep both pillow and bed.

To relieve this condition of things, Dr. P—— had resorted, mainly, to the use of his interminable morphine internally, with chloroform externally; and so far did he saturate her system with this combination, that, on their removal, the patient manifested, a day or two after, strong symptoms of incipient *mania a potu*.

To secure the full absorption of the chloroform, after applying it, the abdomen was closely covered with oil silk. Whether calomel was administered, in any stage of the disease, the attendants could not inform me; but from the ulcerated, bleeding state of the gums and mouth, together with other characteristic symptoms of the poison of that drug, I am inclined to think that it was.

All the remedies used thus far, if *remedies* they may be called, having signally failed, and her physician, having attended her for more than three months continuously, now abandoned her case as "utterly hopeless;" and when reproached, some four or five days afterward, for having left her thus unceremoniously, remarked:

"Why; is she alive yet? I supposed that she had been dead and buried long ago!"

In all probability it was to this very *feeling* remark, that I was indebted for my first call to take charge of what little there was left of the patient.

A brief statement of her condition at this time is not deemed inappropriate:

First.—Extreme emaciation; pulse small and weak, perhaps ninety; respiration natural; evacuation thin and watery, averaging from twenty to thirty per *night*, and perhaps half that number per *day;* odor exceedingly disagreeable, a sort of musty, sour, sickening smell, much easier remembered than described; pain in the stomach and bowels intense; nausea and vomiting quite frequent.

Second.—Great restlessness and jactitation, accompanied with a constant sense of sinking in the præcordia; thirst considerable, and, in place of any appetite, a perfect loathing of all food. Any attempt to swallow either food or drink was sure to be followed by increased pain, nausea and vomiting, and frequently with a new evacuation of the bowels; profuse sweats, whenever falling asleep, by night or by day; tongue reddish in the center, edges and tips covered with small white blisters, or ulcers, on a reddish base; gums also sore and bleeding; urine normal; surface of body cool; mind clear, but desponding.

The indications, to my mind were clear, but whether there was yet ground for hope in the case, seemed doubtful. As a preliminary, the oil-silk and chloroform were sent where they would never return. The numerous bottles of drugs, and tinctures, and "suppositories" which covered the mantle and "stand," and filled the room with their stifling odors, *ad nauseam*, were ordered out of the room, and the field cleared for action.

A few drops of arsenicum alb. veratrum alb. and phosphoric acid[3] were diffused in three separate tumblers half filled with water, and a teaspoonful of each, in the order named, directed to be given at intervals of one hour. Under the use of these remedies, I had the pleasure, in less than twenty-four hours, of seeing my patient entirely relieved of that intense abdominal pain, which the free use of morphine and chloroform had so long failed to cure, the evacuations from the bowels greatly lessened; the nausea and vomiting considerably relieved; and the general appearance and entire *morale* of the patient decidedly improved.

These remedies were continued for another twenty-four hours, when the nausea and vomiting ceased entirely. The thirst greatly lessened; the appetite showed indications of returning; both food and drinks could now be taken in small quantities without producing either nausea or pain; the sweating lessened; and new hope and animation lighted up the countenance of both patient and friends.

In a little more than two months, with an occasional effort at a relapse of some one or other of these various abnormal symptoms, my patient had so far recovered her health and strength as to be able to ride to Jersey City in a carriage, and from there, in the cars, to Wilmington, Del., on a visit to her paternal home.

P. S.—I have since learned that my patient bore the ride remarkably well; and that she is steadily improving, with a fair prospect of a perfect restoration to health!

Is homœopathy a science, or will our allopathic friends still say "*humbug.*"

Prolapsus of the Bladder in Labor. By John Hawks, M. D., Brooklyn.

Mrs. R——, aged thirty-four, third birth; both of the previous births natural, the bowels recently evacuated. On examination, during a pain, I found the vulva somewhat protuberent, and immediately within the labia what I supposed to be the membranes in a tense condition. I informed my patient that she would be through in a few moments. As soon as the pain ended I proceeded to ascertain the presentation, through the then lax membranes, but I could feel no portion of the child. In my search I found, by passing the finger well toward the sacrum, it passed up behind the bag, to the upper strait; to my surprise found the os uteri but little open, and the membranes not at all protruding.

During the next pain the cyst or bag was again full and tense, and I found it connected with the urethra, which was forced forward from its natural position, and the meatus quite protruding from the labia.

On reflection I concluded it was urinary bladder. It was evident the child could not pass while it was full without rupturing it. I therefore placed the patient upon her back and introduced a catheter, which passed through the urethra readily until it reached the pubis, when the angle was too acute for it to pass into the vesica, and but little urine escaped. The bladder seemed to be doubled upon the

urethra downward. It would take too long time to procure a flexible catheter. I was in dilemma for the pains were severe and regular, and I had reason to suppose the head would soon be so low that a rupture could not be prevented.

My next thought was to expel the urine through the urethra by force; for this purpose I made equal and firm pressure, and found it diminishing in size although no urine was passing out of the meatus. When a small portion was left I could feel it receding up between the pubis and the head of the child. I congratulated myself upon the happy escape, the pain, however brought it down again, as before, and I was obliged to use the same means to return it during the next interval of pain. To prevent its return constant and even pressure was made directly under the symphysis, until the head had descended low enough to prevent its coming down. While doing this I could feel, during each pain, the bladder pressing down as if endeavoring to escape from pressure above.

From this time the labor progressed favorably, and about two hours after confinement the patient passed water freely. Ten days after, on examination, found the parts in a normal condition.

It was probably fortunate that I did not succeed in evacuating the bladder, for I now see that, when pressure was applied the urine passing up into the portion left above the pubis so expanded this *as to draw the lower up to its natural place.* If the bladder could have been entirely empty the obstruction to the passage of the head, and consequent pressure and irritation would have been considerable, whereas in this case it was entirely removed and out of the way.

Probably the prolapsus did not take place until the commencement of labor.

Adipose Tumor removed from Right Lumbar Region. By Melville Bryant, M. D., Brooklyn.

Some few months since I was requested by a neighboring physician to examine a patient with the view of removing a tumor existing in the lumbar region of the right side.

The patient was a married lady, about forty years of age, and had first become aware of the presence of the tumor some ten years previous, but, as it was of small size and entirely painless, it caused so little inconvenience as to hardly attract her attention. It continued to increase in size, but so slowly that at the end of several years it was not larger than an egg. During the past year, however,

its growth had been much more rapid, and its location caused it to be a source of considerable annoyance, as it interfered with the proper adjustment of her clothing.

Upon examination, it presented the usual appearance of fatty tumors; it was freely movable, of a flattened and elongated form, and soft and doughy to the touch. It was, and had always been entirely free from pain.

The patient having expressed a desire to be rid of the annoyance as soon as possible, an early day for the operation was appointed and the tumor removed in the following manner:

Chloroform having been administered, the tumor was exposed by an incision about six inches in length, made in the direction of the fibres of the external oblique muscle, it was found enclosed in a cyst, and so loosely attached to the surrounding tissues that it was readily removed from its bed by the handle of the scalpel. No sutures were used in closing the external wound, support being afforded by broad strips of adhesive plaster. Union by first intention followed, and at the end of ten days, the wound had completely closed. In appearance, this tumor was remarkable from its close resemblance in shape and size to the human heart.

The accompanying plate represents its exact shape and dimensions. It belongs to the somewhat rare class of fatty tumors described by Müller as *cholesteatoma*, and was composed of a smooth, dry, fatty mass contained in a cyst, and apparently composed of crystalline fat enclosed in meshes of cellular tissue.

No trace of blood-vessels could be found ramifying upon its surface, or in any way connected with it; a fact which probably accounts for its slow growth and insensibility.

Fibrous Tumor removed from Tuberosity of the Ischium. By Melville Bryant, M. D., Brooklyn.

In June last, a gentleman came to the city with the request that I would visit his father, a man seventy-eight years of age, who was living in a neighboring county, some fifty miles distant. The history of the case, as described by him, was as follows: About six months previous, the patient accidentally discovered a small tumor which could be indistinctly felt, just above the tuberosity of the ischium, upon the right side; it was deep seated, and appeared to be about the size of a pigeon's egg; it was entirely painless, and, as it gave him no inconvenience, it attracted but little attention at that time;

Adipose Tumor. (Cholesteatoma.)

but it steadily, though slowly, increased in size, until, at the end of three months, it had become very annoying, simply from its situation. He could not sit upon an ordinary seat, without suffering severe pain, which was produced by pressure, for when lying upon his back, or walking about, he was perfectly free from pain. From this time it increased more rapidly in size, and, at the end of another month, became somewhat painful; his general health, which previous to this time had been remarkably good, notwithstanding his advanced age, now became seriously impaired, and his appetite and strength were both rapidly failing him; this, however, he attributed more to mental anxiety than to bodily pain. Two physicians had been consulted who both diagnosed a *fatty tumor*, and agreed that its removal, in consequence of the age of the patient, and its location, would prove fatal. I was requested to visit the patient to give an opinion, if nothing more. The history of the case at once convinced me that the diagnosis was incorrect, although the prognosis might prove true. Adipose tumors are not generally deep seated, their growth is usually slow, and their removal ordinarily attended with little difficulty. I visited the patient on Saturday, June 20th, and an examination revealed a slightly movable, hard, inelastic tumor of an ovoid form, and seemingly about the size of a small orange, although, being covered by the glutei muscles, no accurate opinion as to size could be formed. Upon grasping the tumor with the hand, considerable force could be used without the patient experiencing much pain, but direct pressure from without inward, produced acute pain. The surrounding integument was somewhat tense, but not at all discolored. The condition of the patient's health, and his own earnest desire, led me to determine to operate for its immediate removal, but an important and unexpected obstacle here interposed: I was without assistants; the patient's previous medical attendants refusing to countenance the operation. I had provided myself with chloroform, but could not administer the anæsthetic and operate at the same time. So desirous however was the patient that the operation should be proceeded with, that he assured me that he could endure the pain without struggling, if I would remove the tumor. I confess I somewhat doubted his ability to do so, and should his courage fail him, the result might be very disastrous, for the locality was one where indiscriminate cutting could not be indulged in with impunity. Assuring him that I would operate with as great rapidity as possible, he was placed upon the bed in a kneeling position, and the tumor

exposed by a free incision, about four inches in length; the dissection was then commenced from the inner and upper boundary of the tumor, the edge of the scalpel being kept as closely in contact with it as possible to avoid wounding the sciatic vessels. When the base of the tumor had been reached, the patient exhibiting some signs of *uneasiness*, the fingers of the left hand were inserted to guard against an accidental slip of the knife dividing the internal pudic artery, as it crosses the spine of the ischium, in which case the operation would have been speedily terminated. The base of the tumor was found firmly attached to the inner portion of the tuberosity of the ischium, and very firm adhesions existed between it and the adjacent tissues. No great difficulty attended its removal after its separation from its bony attachment, no vessels of sufficient importance to require a ligature, were divided, the hemorrhage from a few terminal branches of the sciatic was rather free, but was readily controlled by simple torsion. The wound was closed by a few points of interrupted suture, and a compress wet with an aqueous solution of calendula applied. Complete union by granulation occurred, and at the end of a few weeks, the patient had regained his usual health. The tumor, upon examination after its removal, presented the following appearance: In texture, it was almost cartilaginous, and its center was occupied by a cavity that would contain about a fluid drachm. The cavity was partially filled by a semi-fluid material, resembling coagulated blood. The walls of the cavity were lined by fibrous slips closely resembling the *columnæ carneæ* of the heart, each one of which contained a few drops of the same material found in the cavity. See accompanying illustration.

Case of Compound Comminuted Fracture. Reported by Jas. L. Watson, M. D., of Brooklyn. (Late Surgeon 17th Regiment, New York Veteran Volunteers).

February 24th was called, about sunset, to visit Michael Carroll, aged about twenty-three years, employed as a miner in the "Clay Banks," near Woodbridge, N. J., reported injured by a mass of earth falling upon him while at work in the mine.

On examination, found his body generally severely bruised, a fracture of the fibula of the left leg, and a compound comminuted fracture of both tibia and fibula of the right leg, midway between the knee and ankle, and an extensive, lacerated and bleeding wound, through which the fractured bones protruded, about four inches in length being in fragments.

Fig. 1.

Fig. 2.

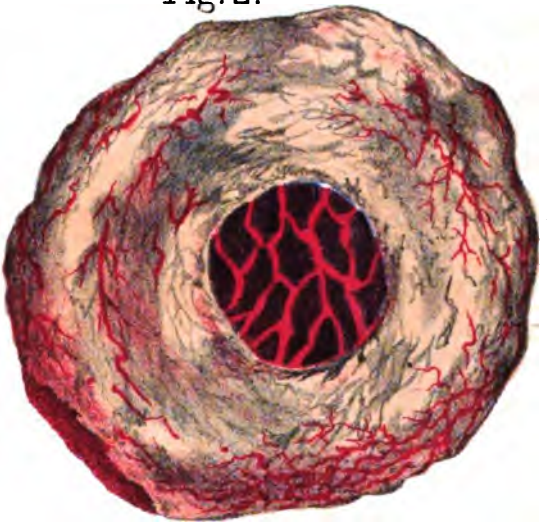


Fig. 1. Reprsents the Tumor after removal.
Fig. 2. A Section shewing appearance of the walls of its Cavity.

Set the bones of the left leg and applied suitable dressings. Temporarily secured the right leg with splints and appropriate dressings, resting it upon a cushion.

Administered restoratives to the patient who was much exhausted from loss of blood and the severity of the shock.

The foot was cold and pulseless, and apparently dead, decided, however, to make an effort to save it. Applied bottles of hot water to the foot with directions to renew them, as occasion required during the night; prescribed tinct. arnica one drachm, water three ounces, a teaspoonful every hour, and left him for the night.

25th. In the morning found the foot warm and pulsation restored. Refused to amputate until I should be fully satisfied of its absolute necessity. After determining to save the leg, if possible to do so, procured assistance and proceeded to dress it, as follows:

A piece of thin sheet gutta percha, cut to proper form, was softened in hot water and fitted to the leg of a person present, about the size of the patient, extending from the ankle to near the knee, leaving it open sufficiently to permit the necessary dressing and examinations of the wound. The gutta percha case, lined in a suitable manner, was then sprung over and upon the leg, which it closely embraced and held firmly in the desired position, supporting it in the best possible manner.

The leg was then placed upon a double inclined plane (one of Day's splints) and the foot secured to to the pedal-rest by means of broad adhesive straps, reaching well above the ankle, so as to relieve the joint from strain and injury; and extension made my means of tangent screws at the foot. The wound was now dressed with tinct. calendula and water, frequently applied, and arnica continued internally.

The splint was secured to the left leg by means of adhesive straps, which I prefer to use, when practicable, instead of the close bandage which wholly excludes the air.

26th. Wound but little inflamed; considerable fever and delirium; slept but little during the night. Continued arnica, alternating with belladonna, every hour; also ordered enema. Diet light but nourishing, and as much cold water or ice as he desired. Evening, fever abated and patient more comfortable; same medicines continued.

27th. Wound painful and suppurating slightly; bleeding ceased. Same medicines continued. Evening, patient better; no fever; but little pain.

28th.—Wound less painful and doing well; exhibited tinct. arnica one drachm, water three ounces, a teaspoonful every two hours; tinct. calendula, two drachms, water three ounces, to be frequently applied to the wound. Diet full and nourishing.

March 1st.—Condition not much changed; sleeps well and no fever.

2d and 3d.—Patient comfortable; same medicines continued; wound glazing over; very little suppuration.

From this time until May 6th, recovery progressed in a satisfactory manner without interruption; and the bones being sufficiently united, I removed the gutta percha case every two or three days, for the purpose of admitting air to the leg, and bathing it with cool water.

May 12th.—The wound having entirely healed, and the bones firmly united; removed the dressings and splints, and applied a starch bandage, with openings sufficient to freely admit the air, and permitted him to walk about with a crutch.

June 6th.—Removed the bandage, he being able to walk with a cane, and without the crutch.

June 10th.—Saw him at last fully recovered; leg straight and strong; walked well and without difficulty, and the shortening of the limb scarcely perceptible.

C.

MISCELLANEOUS PAPERS.

Review of Dr. P. P. Wells' Paper, entitled "The Essential Nature of the Drug Curative." By Wm. Wright, M. D.

In Vol. VI, of the Transactions of the New York State Homœopathic Medical Society, Art. LIX, p. 333, I find a somewhat remarkable but no less instructive paper from the pen of our learned and highly esteemed friend and fellow-citizen, Dr. P. P. Wells, entitled, "The Essential Nature of the Drug Curative." In that paper the doctor, among other things, lays down these two distinct propositions. 1st. That "the curative power of a drug is not material," *i. e.*, is not *matter;* and 2d. That "that power," which he denominates *force*, "is capable of being so separated from its original material drug association, as to be left free to follow the laws of its own independent existence; and that, when so separated, it is no longer to be judged of, as to its own habitudes, in the light of what is supposed to be known of the material body with which it was previously associated. Thus leaving it free to attach itself to any

and every neutral body with which it may be brought into close contact; imparting to such neutral body all its peculiar curative force, without, at the same time, either lessening or impairing its own."

These views are attempted to be sustained, 1st. By the assumption that "we cannot conceive the idea that, attenuations of a drug, carried up to the 40,000th, in its centessimal ratio, can retain a sufficient quantity of the *matter* of the drug* to effect a cure in so formidable a disease as Asiatic cholera;" which the doctor strenuously maintains, has been done to his certain knowledge.

2d. By a claim of the free transmissibility of the curative power or force of drugs, from medicated to unmedicated or neutral substances, by simple contact, and that, without the least admixture of substance, as is declared to have been demonstrated by the late Dr. Channing, of New York, in his experience with aconite.†

3d. By a *suddenness* of operation, which, it is claimed, utterly excludes all idea of materiality in the means used, as illustrated in a remarkable case coming under his own immediate observation, which case the doctor reports in full. These seem to constitute the main points of argument, and the proofs upon which the doctor relies to sustain him in his position on the dynamization of drugs.

If I were to attempt, at this time, a reply to the doctor's arguments in support of his theory of drug action, I should be strongly inclined, and, I think, more than justified in resorting to a system of logic, which Doctor Wells will readily recognize as an old friend of his, on re-reading a certain paper headed "Dr. Wright's Resolution," published in the *United States Medical and Surgical Journal*, vol. iv, p. 194, "by P. P. Wells, M. D." And it would be somewhat after this fashion, viz:‡ "High attenuations of drugs do cure diseases sometimes, and they have been known to do it 'quicker than lightning.' This cannot be successfully denied; but they do not cure by virtue of the power of any *drug matter* which such

*"Bunsen and Kirchoff intimate that it is possible to recognize, by the use of the spectrum, the sixty thousanth part of a grain of potassa or baryta; the one millionth of a grain of lime or strontium; the sixty millionth of a grain of lithia, and the one hundred and sixty millionth of a grain of soda." Surely then, my friend, Dr. Wells, will scarcely maintain that, in his forty thousandth attenuation of veratrum, with which he cured his case of cholera, the MATTER of the drug was entirely annihilated! If not annihilated, how much of the *matter* of the drug, let me ask Dr. Wells, may still remain in our attenuations and yet be denied the credit of "having any thing to do with the cure?"

† If this doctrine of "indefinite transmission" be true, then "*old vials*" ought to be more valued and sought for than "old wine casks," inasmuch as the wine casks must necessarily fail, in time, by reason of age; whereas, the *vials*, being imperishable, would necessarily enhance in value with the advance of time!

‡ See p. 199, same journal.

attenuations may be supposed to retain, not only because the very *suddenness* with which they cure, and the impossibility of our conceiving of matter being continually expanded up to the higher attenuations, and yet retaining a sufficient quantity of the *matter* of the drug to cure, utterly excludes that idea; therefore, there must be some other *force* or *power* by which they do cure, than by *drug matter*."

"This, I admit has quite the air of a logical syllogism, but it lacks the force of one only because that which stands for its minor premise and conclusion is simple assertion and not proved fact. They are only assertions, which stand on no shadow of demonstrated foundation, and the whole then," I may say, in the chaste language of my friend, "is but a pitiful example of that weakest of all resorts in argument, called 'begging the question.'"

But it is not my purpose, in this paper, to attempt an answer to the doctor's argument in support of his favorite theory, now, for the hundredth time repeated; nor to question the truthfulness of the cases related in proof of the soundness of his theory, whether "the essential nature of the drug curative" is a material or an immaterial something, an entity or a nonentity, is a question which I have neither the time nor the disposition, just now, to enter upon. But I deem it, however, not altogether out of place just here, to suggest, that there is great danger in hastily accepting remarkable and exceptional cases of cure, as illustrating or establishing a principle, that we fall into grave if not ludicrous errors; so that our safety consists in "proving all things, and holding fast to that only which has been shown to be good."

That Dr. Wells has been thus hasty and indiscreet in at least one of the cases which he has here cited in proof of his peculiar views, I have little or no doubt; and it shall be my aim, as it is my purpose, at this time, to endeavor to expose it.

The instance to which I refer is recorded on pages 344-5, and is that of the remarkable and instantaneous cure of an old negress; which case is offered by the doctor as conclusive, from its suddenness of cure, in support of the argument for the "dynamic nature of the curative principle of drugs.

This poor, ignorant black, who "had never heard the word homœopathy, and so the wonderful effects of imagination cannot be supposed to have had anything to do with the cure," (at least so says the doctor), now forty-eight years of age, "when a child, fell from a

tree and struck her side on the top of a board fence, breaking several of her ribs." What particular treatment, if any, she received at that time, the doctor does not inform us. But it would appear from the narrative, that she never had fully recovered from her injury, but had from time to time thereafter, "occasional attacks of pain at the point of fracture, increasing in frequency and severity as she grew older," till at the time she came under the doctor's care, these pains and this soreness "had become fixed and permanent," and "yielded to none of the many expedients resorted to, in accordance with the maxims and practice of that system in which the doctor had been early educated," although that system, we are bound to presume, was as vigorously plied as a young and ambitious aspirant after Æsculapian honors could well ply them.

But the doctor informs us not only that "it all did no good," but that his patient "actually grew worse under the treatment," so that the side, in the region of the fracture, was now so sensitive and painful that the patient positively refused to allow it even to be touched. The case then, as thus presented, you will perceive was certainly a most forlorn, if not hopeless one. An injury, so violent at first as to "fracture several of the ribs," and of course one which must have confined the patient to the house, if not to her bed, for weeks; greatly aggravated, as time wore on, by "alternate attacks of pain, and great distress over the region of the original injury," and that for over forty long years; and culminating, at last, in a "permanent fixture that knew of no abatement," certainly presented a case of *more* than ordinary obstinacy of character; and the more especially so when we recall to mind the *blood lettings* and *leechings*, the *rubefacients* and *blisterings*, the *opiates* and *physics* that must have been administered in that long and dreary period of almost half a century. But what was the remedy which at last wrought the mighty cure? And how was it effected? For desperate and long standing, painful and tender as was now the disease, she was cured; and what is more remarkable than all, she was cured "QUICKER THAN LIGHTNING!"

Let us return to the record. "In this state"—the state above described—"the patient was handed a powder of fine sugar in which were concealed six globules of arnica of the sixth potency." She was directed to take the powder "dry on the tongue." "This she did at eleven o'clock, A. M., in the absence of her medical attendant. When seen the next day at nine o'clock, A. M., she appeared in *great*

terror. She seemed as much frightened as any person I ever saw. She would not let me come near her, but cried out, 'You meant to kill me! You gave me mercury; I know mercury; I lived with Dr. Hazard.'" After quieting his patient a little by assuring her that he had not given her mercury, and therefore had not poisoned her, she informed the doctor that "she no sooner put the medicine upon her tongue than it went right from there to there;" *i. e.*, from the tongue to the diseased side, "*like lightning*, and the pain and soreness all went right out of it." And the doctor adds: "*This was true; and they never returned!*" But he says more: "*Of the suddenness and completeness of the action of this dose, there was no possible chance for doubt.* That it was literally as quick as lightning she stoutly maintained," and so the doctor reports, and so he evidently believes. Taken, all in all, therefore, I think that this case must be regarded as a *most extraordinary and remarkable one;* so much so, indeed, that I doubt whether the whole record of medicine can furnish its equal; and, whatever may be thought of the case by others certain am I that I can call to mind no case, in my whole reading or practice, of equal importance, unless it be of that recorded in the forty-third verse of the eighth chapter of the Gospel of St. Luke. But this case is not referred to as a parallel one, for, though it resembles it in some of its aspects, *taken as a whole, it is not equal to it.* 'Tis true that this woman, who had an "issue of blood," had been sick for many years, and "had spent all her living upon the physicians, and neither could she be healed of any of them." But then, she had suffered *only twelve years;* and there is no evidence, from the record, that she had been made any worse by the treatment; only that "she could not be healed of any of them;" whereas, our doctor's case had suffered not only *twelve years*, but *more than three times twelve years*, and could not only *not* be healed of any any of them," but actually "grew worse under their treatment."

The instantaneous, "quicker than lightning" cure of this case then, of so much longer standing than the other; and, evidently from its history, *of so much more serious a nature* (the one being only a *functional*, while this must have been a *structural* disease), would seem to imply a much greater exercise of power or skill in the physician of the one, than in the restorer of the other; whether we are to regard the cures, in either case, as the result of the exercise of the mere force of will; or, as is claimed in the case of the old negress, by

the *force* of a properly selected infinitesimal dose of medicine; or perhaps more properly "infinitesimal dose of medicinal *power!*"

But in the one of these two cases, there was evidently an exercise of *faith* on the part of the patient, and of supernatural power on the part of the "good physician," for the woman "put forth her hand and touched the border of his garment," believing that she should be healed thereby; "and *was* immediately healed;" for "virtue went out of him and healed her." And, he immediately said to the frightened and "trembling" woman, "thy *faith* hath made the whole."

But in our good doctor's case, we are especially informed, that neither the patient nor the doctor were called upon to exercise faith, either in the taking or in the administering of the medicine! The patient was simply told to take the little white powder containing those six little magical pellets; small in size, but big with the destinies of that one darkey at least, and she did so; and, *presto*, "quicker than lightning" she was a well woman!

I have been thus particular in the presentation of this case, that we might the more intelligently judge of its merits, and thereby be the better able to draw those practical lessons, and instructive inferences from its recital, which the real facts in the case so clearly point out.

Of the truthfulness of this history, I have neither the right nor the disposition to question. Dr. Wells is not only a truthful man, but a close observer of men and things; and I have no doubt, that, when the doctor penned this history, he verily believed that he was presenting a case which was little short of a *perfect demonstration* of the truth of his "dynamic theory of the drug curative;" and *one* too, "of the suddenness and completeness of the action of his dose in curing, there was and could be no possible chance for doubt." Indeed, this is the doctor's own language in reference to it. He gives it as "*a representative of a class of cures*, which bears important testimony as to the nature of that power which relieve pain cures diseases.

But let us see. A "*white powder* was handed to the patient." Its *color* is a matter of some importance, as we shall see before we have done with the case. It was taken "dry on the tongue," at eleven o'clock, A. M., on one day, and she was visited by the doctor at nine A. M. on the next day. When visited, she was found "*in great terror.*" Mark the words, "*in great terror!*" "She seemed as much frightened as any person I ever saw. She would not let me come

near her!" And why? Was it that she had been suddenly healed? That the pains and aches of over forty years standing had uncere-moniously left her, and she now didn't know where or how they had departed! Was this her trouble? Oh, no! That could not be; for she had been seeking to lay down her heavy and grievous burden for many a long and wearisome year; and had probably spent "all her living" to accomplish it, but in vain! Would she now, think you, be thus unduly agitated because the prayer of her soul had been granted! Oh, no! The thought is too preposterous to be entertained for a moment. What then was the matter? Her exclamation of mingled horror and fear, while crouched down in that farthermost corner of the room to protect herself from still farther aggressions from her imagined murderer *was what was the matter!* And her address to the doctor, "You meant to kill me; you gave me mercury; I know mercury; I lived with Dr. Hazard," tells its own story. I think there cannot be a doubt of it. And her declaration, that "the effect of the medicine went right from there to there;" from her tongue to her diseased side; "quicker than lightning" is not at all inconsistent with this idea. But while such expressions, from the ignorant and credulous, should always be taken with many grains of allowance, we must not suppose, even in this case, that the patient meant, literally, that it went with the "*force*," but only with the *speed* of that subtle element; for, had it been otherwise, there is no telling what might have been the result. Probably the doctor would have lost a patient, and the world the instructive lesson of this remarkable record.

But what was it, let me ask again, that produced this great "terror," this mighty convulsion in her system? An excitement, both mental and physical, so great, that, for the time being, it absorbed all other feelings; all other thoughts; all other conceptions! And why! It is all summed up in these words: "Doctor you meant to kill me; you gave me mercury; I know mercury; I lived with Dr. Hazard." And yet, says the record, there was "*no imagination*" *here!*

In living with Dr. Hazard, she had, in all probability seen and learned just enough of mercury to have acquired a holy horror of its powers. And, like most ignorant people, she had undoubtedly drank in most liberally of that, not altogether unfounded popular idea, that "*mercury is a deadly poison.*" Its *taste* she, of course, knew nothing about. Its *color*, she probably did; and, on putting the powder "upon her tongue," she imbibed, or thought she did, a sensation, to

her strange and new; and when she came to associate this with the *color* of the powder she had just put into her mouth, what more natural to a poor illiterate negress like her, than, by a process of association and reasoning peculiar to ignorance and prejudice, to come to the conclusion that she had taken mercury! The idea once conceived, the conclusion speedily followed. "As a man thinketh so is he." And this, not only of the poor and illiterate, but often, as we have just seen, with the educated and the intelligent. I well recollect a case that came under my immediate personal observation, where a highly educated and refined lady, the honored wife of a respectable physician of this State, who was thrown into even a more violent stage of nervous excitement than this old negress (and one too from which she did not fully recover for many days), simply from imagining that she might have swallowed a quantity of corrosive sublimate; when it proved in the end, that she had not taken a particle!

However much therefore I may regret the necessity of differing from Dr. Wells, I am forced to the conclusion, that this case is *no proof whatever of his theory of "the essential nature of the drug curative."* But, on the contrary, is easily and most naturally resolvable into that large class of incomprehensible and striking cures, so often met with in life, which evidently are the result of sudden mental emotion, of either hope, joy, or fear; and that the "six pellets of arnica" taken, had just about as much, and no more to do with this cure, than they had with the saving of Noah and his family in the ark from the flood. And I respectfully submit, whether the relation and the use of such *remarkable* and *exceptional* cases of cure, as Dr. Wells has here presented in support of his theory of drug-action is not belittling our profession, and tending to bring us and our whole system of practice not only into disrepute, but to degrade it beneath the contempt of the intelligent and educated portion of community!

Iodism. By J. Hawks, M. D., Brooklyn, New York.

In the fall of 1863, Mrs. H——, a thin, spare woman, aged fifty-one, light complexion, lively disposition, nervous temperament. She had ceased menstruation a few months previously. She called my attention to a goitre as large as a fist, and remarked that she intended to take iodine for its removal, as had her sister for a similar affection. I tried to dissuade her from it. Some three months from this, she informed me she had procured one ounce of the tincture and had

determined to take it. I advised her to begin by taking small quantities, and omit it every two weeks for the same time, and to stop altogether whenever she felt any unpleasant symptoms.

March 6, 1864.—I was called to see her. She said her strength had failed very rapidly for the last fortnight; unable to ascend the stairs; loss of appetite; frequent nausea; pains in various parts, but principally in the chest; after a few days, difficulty in breathing; palpitation, and a dry hacking cough.

I found the above symptoms present with a sallow, distressed countenance, a small, very quick pulse, irregular, coming in waves like the vibrations of a string, not synchronous with the heart; bowels regular; urine red and turbid, usual quantity; tongue brown and dry; skin cool; much thirst; respiration about thirty; could lie on either side or back; hands and feet cold; the dyspnœa, cough, palpitation and pains increased by movement. The pains were sharp, quick, piercing, and movable, but a heavy, oppressive pain constantly in the region of the heart. An effort to expand the chest produced cough but no pain; tenderness of the epigastrium; food distressed her; trembling of the whole body; sleeplessness; some emaciation.

I prescribed perfect rest, a starch, milk and sugar diet; arsenicum[6].

March 8.—Nervous agitation less; arsenicum[30], phosphorus[30].

March 13.—The nervous excitement subsided, the goitre sensibly diminished, and considerable emaciation. Before leaving her I told her for the first time that the iodine had poisoned her. I did this to prevent a repetition.

March 16.—Again called. I found her laboring under the same train of symptoms, but aggravated. She had that morning gone down to the basement to see to and help in some domestic affairs, and had continued for several hours, when she was suddenly, as by a shock, again attacked, and was obliged to be carried up to her room. Nausea being most prominent, prescribed veratrum.

March 17.—Nausea relived; the nervous erethism increased from the former attack; palpitation so severe as to shake the whole body; tongue hard, dry and brown; pulse very small and irregular; cough severe; sputa thick, yellow and greenish; rattling in bronchia; great restlessness and anxiety; anxious, pressive feeling in præcordia; frequent syncope; skin cool; respiration about thirty; thirst; tenderness in the epigastrium; sleeplessness, emaciation progressing and goitre diminishing. Hyoscyamus and phosphorus.

March 20.—The nervous agitation less, but the thirst still severe. Arsenicum and hyoscyamus.

March 25.—Convalescent.

March 27.—Again called; found she had indulged her appetite by eating an egg and several raw oysters, after which all the former symptoms returned. She was vomiting when I arrived, which I promoted by tepid water, and afterward gave pulsatilla.

March 28.—The symptoms show a typhoid character; the palpitation more spasmodic or convulsive; cough more severe, and usually ending in vomiting a thick, tenacious mucus; tongue red tipped; syncope oftner than formerly; pulse very irregular and intermittent. Rhus tox. and arsenicum.

March 31.—Dyspnœa and cough worse. Phosphorus and rhus tox.

April 3.—Slight chills, cough and oppression of the chest still worse; towards night, slight increase of heat in the skin, which feels harsh and dry; percussion upon the chest gives a dull sound; no respiratory murmur on either side.

April 5.—Slight chill in the morning and hot skin towards night, going off with sweat; sputa brown and streaked with blood; cough and dyspnœa increased and syncope oftener; discovered in superior part of right lung a metallic click. I asked for counsel, and Dr. Richardson saw her with me. Prognosis unfavorable. Gave phosphorus and hepar.

From this time to April 8 she continued to fail, the hectic fever becoming more distinct and ending in a profuse sweat; cough being severe, frequently bringing on syncope; perspiration becomes abundant. Besides phosphorus and hepar, lachesis was given.

April 8.—Suddenly taken with convulsions, followed by nervous rigors. I supposed her to be dying; gave hyoscyamus. Patient rallied in the afternoon.

April 9.—More comfortable; feels want of sleep.

April 10.—Has slept a little and feels more comfortable; the nervous agitation nearly subsided. She undertook to relate to distant friends some family incident and became excited, when the palpitation and general agitation suddenly returned, and she gradually sunk, and died at 6 P. M.

Post-mortem was refused; the emaciation was very great; goitre nearly gone; skin saffron color. Death took place five weeks from first visit, and seven from first symptoms. I ascertained she took in the course of two months, half an ounce of the tincture of iodine, (U. S.,) supposed to hold fifteen grains in solution. She

commenced by taking three drops, three times a day, increasing to eight drops, three times a day, averaging one-fourth grain per day.

The case throws light upon several points:

First. That crude iodine shows its toxical effects sooner, and more uniformly, when given in small continuous doses, than when given in larger doses. The organism serves to retain the small and reject the small doses; this may be a law, and apply to all crude drugs, or it may be some peculiar quality inherent to this particular drug. Two months were occupied in taking half an ounce of the tincture.

Second. Iodine is cumulative; I know that most physiologists say it is not. They come to this conclusion from the fact that chemical tests fail to show its presence after a short time in the blood and secretions, especially the urine and saliva. Professor J. C. Dalton says: Twenty-four hours after a single dose, and eighty-four hours after it has been long continued. The mistake they make is in the supposition that the material drug must be present, the dynamical force imparted to the organism is ignored. If the organism was rid of the iodine in eighty-four hours in this case, what else but the immaterial power left behind produced the abnormal effects, lasting seven weeks, till death.

Third. It is explosive. I can think of no better term to express my meaning; that it accumlates and lies dormant in the system until some exciting cause brings it suddenly into activity. I mean its dynamic power, for I have do doubt the material is diminished very soon. This quality is not peculiar to iodine, for I well remember, in my former allopathic practice, the same thing occurring after the continued use of digitalis, spigelia, and tartar emetic. The same is probably true of many other crude drugs.

In this connection, notice that three several times the objective symptoms subsided and were relighted by very trivial means; also, that two months elapsed, while constantly taking the medicine, before any effect was perceived.

Fourth. Sphere of action, so far as observation could detect, it acted simultaneous upon all the tissues, healthy and unhealthy (if simple enlargement can be called unhealthy). The absorption was general, while the secretions were not increased in quantity. It seemed to act more profoundly on the nervous system, causing erethism, which caused death from nervous exhaustion. She would eventually have died of phthisis, as there was evident lession of the lungs.

Wood and Bache says: "It would thus appear that iodine, as a general rule, does not affect the healthy glands, but acts upon abnormal material, such as tumors, enlargements and thickenings." My observations do not agree with this, for it acted alike and at the same time; I mean by absorption on the glandular, cellular and adipose tissues, and excited intensely the nervous; and I believe a *post-mortem* would have shown its ravages upon the viscera.

Fifth. How is iodism caused? It looks idle to the homœopath to ask the question, but the other school is in doubt. Wood and Bache says: "Though iodism, when it occurs, is generally the result of incautious doses of the medicine, too long continued, yet it *sometimes* arises under other circumstances, and from causes *not well understood.*" "On the other hand, large doses have been given for a long time with perfect impunity."

Ovet Libert, "supposes the bad effects in goitre cases arose from the prompt absorption of the abnormal material of the tumor, which entering the circulation, in the course of its elimination, produced the poisonous effects, and not from the iodine."

As goitre is simply an hypertrophy, strumous in character to be sure, it is difficult to see how it can poison the system in its elimination. Iodism is not confined to goitre cases; besides as the absorption commenced in the other tissues at the same time, they could be equally charged as producing the poison.

If our allopathic brethren could recognize the dynamic force imparted to the organism by various drugs, and the accumulation of that force, and the liability of such force being brought into activity by slight exciting causes, they would be enabled to understand what is now to them "*not well understood.*"

In this connection it may be well to compare the case with the toxical effects of iodine as laid down in Beck's Jurisprudence.

Sixth. As my patient was passing the critical period, fifty-first year, did this fact render her system more susceptible to its influence?

In justice to myself I ought to say that the iodine was taken contrary to my advice.

Uterine Fibroid Tumors. A Lecture, Delivered at the Hahnemann Medical College of Philadelphia. By Henry Minton, M. D., of Brooklyn.

GENTLEMEN.—The subject to which I would invite your attention this afternoon is that of *uterine fibroids*, or *fibrous tumors of the uterus.*

The importance of obtaining a thorough and correct knowledge of the various diseases affecting the uterine organs is so plainly obvious to the most superficial observer that I deem it quite unnecessary to detain you by any extended observations upon this point.

It is now conceded, I believe, by all authors upon the subject that the most frequent organic disease of the uterus, if we except inflammation and its results, is *fibroid tumors.* It has been asserted by Bayle that of all women dying beyond the age of thirty-five years *twenty per cent* are thus affected. Klob, in his late work on the *Pathological Anatomy of the Female Sexual Organs*, says: "Round uterine fibroid tumors never occur before puberty, and very rarely before the thirtieth year. From that period their frequency increases, and at the climacteric period it is such that undoubtedly *forty per cent* of the uteri of females who die after the fiftieth year contain fibroid tumors."—p. 177.

These tumors, whose nature is now well understood, are described under the various names of *fibroid tumors*, *uterine fibroids*, *fibroma*, *sarcoma*, *steatoma*, and more recently by Virchow and Klob, *myoma*,

Fibrous tumors affecting the uterus are of three varieties, namely, those that are developed upon the external, or peritoneal surface of the uterus, those which appear upon the internal or mucous surface, and those which are imbeded within its parenchyma.

They are classed and named according to their mode of attachment to the uterine walls. When they have their origin from the external or peritoneal surface they are called *extra-uterine* or *sub-peritoneal*, when they arise from the internal or mucous surface they are called *intra-uterine*, or *sub-mucus* those which are imbedded within the walls of the uterus, interlaced and enveloped in all directions by its muscular fibres are called *inter stitial* or *intra-mural.*

Fibroid tumors are also divided into those which are *sessile* and those which *pedunculated;* a pedunculated tumor being one that is attached by a stem or pedicle, while a sessile tumor is one having a broad immoveable band of attachment. The word sessile meaning sitting close upon the body to which it is attached. And just here

is the distinction between a *fibroid tumor*, and a *fibroid polypus*, the one being pedunculated and the other sessile. They are essentially the same in structure, their only difference being in their different mode of attachment to the uterus. Theoretically they are alike; practically they are quite different, and this distinction is very important, the one being removed with comparative ease, while the other frequently proves troublesome.

We shall speak of them separately, and shall first consider the *fibroid bodies* leaving the *polypi* for a future consideration.

Fibroid tumors are, in themselves, innocuous, and are of no detriment to the patient except mechanically, as when from their weight, or situation they cause displacements of the womb, or when they exert an undue pressure upon the bladder, or rectum, or pelvic veins and nerves, or when they produce hemorrhage.

Sometimes they occur singly, more often, however, we meet with two or more in the same uterus, their number, however, is unlimited, as is also their size. When they are numerous they vary from the size of a bean to that of a hen's egg. Dr. Thomas exhibited to the New York Pathological Society the uterus of a negress which contained thirty-five tumors of every size between that of a fœtal head and that of a marble. Kenvisch found forty of these tumors of various sizes in one uterus.

When they appear singly, they sometimes attain an enormous size. M. Courty reports one weighing fifty pounds, and Voigtel mentions cases in which the tumors weighed from forty to sixty pounds.

Fibroids may develop in any part of the uterus, but experience teaches us that they are more frequently found in the anterior wall, and fundus than elsewhere, they are occasionally found in the posterior wall, but the rarest of all locations for them is in the cervex.

Generally these tumors are well defined globular masses, quite hard and resisting; sometimes, however, when their structure is diffuse, their surface is studded over with small spherical protuberances giving the whole tumor an irregular mamillated appearance, and this has led to the division of these tumors into the simple and compound.

The simple tumors are the round fibroids which are developed from a portion of the uterine connective tissue, and grows by an independent reproduction of its own elements, and by displacing the surrounding tissues, completely defines itself from the rest of the uterine substance.

Tumors of this description are easily enucleated, and present a perfectly smooth surface, the cavity in which it has been imbedded, is also smooth and shows no trace of ruptured tissue, except where its attachment, which consists of a slender bundle of vascular and connective tissue, has been severed.

The compound tumor, which is but a conglomeration of round fibroids, flattened by contact, and united into a single mass by loose connective tissue, is not different in structure from the single ones, only it is less dense, more cellular and vascular, and not sufficiently well defined to admit of easy enucleation.

In the simple fibroid tumors the lines of fibres are more or less regularly disposed around one common center, while in the compound, there being many such centers, and the fibres of each being intimately interwoven with the others, unites the whole into one lobular mass, which again is enveloped in long fibres of loose connective tissue, by which the whole is imbedded in the uterine structure.

These tumors appear upon their surface irregular and mammilated, or lobular.

Compound tumors are more or less vascular in structure, and this we would hardly expect to be the case, when we call it to mind their habitual paleness; *quite large* vessels are often found in the pedicle of these tumors. *Caillard* reports one at the rise of the radial artery. *Klob* has met with but one such vein, which was the rise of the uterine artery.

Fibroid tumors, though more or less isolated from the adjacent parts always keep up a regular vascular connection with those parts, and this vascular connection sometimes becomes the seat of varicose degeneration and not unfrequently gives rise to severe hæmorrhages.

The microscopic anatomy of fibroid tumors is quite analogous to that of the uterus, their original structure is essentially the same, however, after development their structure may and often does become somewhat changed, being always more or less modified by diseased states to which they were liable, and which produce their characteristic alterations.

When cut into they present a dense whitish structure, in which is plainly seen the interlacing of fibres in every direction. Sometimes these fibres present a concentric organization.

The appearance of a section, providing it has not undergone degeneration, resembles, in a marked degree, that of the uterine walls.

Dr. Thomas, in his late admirable work on diseases of women, says, "the typical form of these tumors is that of hard resisting fibrous tissue, which creaks under the knife. Under the microscope, this is found to consist of long fine fibres, generally united in bundles, and fusiform fibre cells, analogous to fibro-plastic elements, and of round or elliptic granules of small size, the whole being bound together by fine intercellular substance."

Rokitansky says: "These tumors are sometimes composed of fusiform cells, closely connected together, between which we most constantly meet with fibro-plastic cells, in a greater or less number, and resembling the fibers of the uterus."

Klob, in his work on the pathological anatomy of the female sexual organs, says: "A section of a fibroid tumor generally exhibits dense interwoven lines of fibers, crossing in various directions, and irregularly disposed; and those cases are extremely rare in which, on the divided surface, a somewhat dense, yellowish nucleus is seen, and around it a concentric disposition of fibrous lines."

These tumors are found equally in the married and the single; they occur at all ages after puberty, seldom, however, previous to the age of twenty-five, but often up to an advanced period of life. Their period of development is usually limited to the period of sexual activity.

They are liable to a variety of changes, among which we may mention, *œdema*, *inflammation*, *apoplexy*, *fatty*, *colloid*, and *calcareous* degeneration, and occasionally complete *absorption*.

The *sub-peritoneal*, or, as they are also called, the *extra uterine* varieties of the fibroid bodies, attain a greater size than those situated within the cavity of the uterus. They may be either sessile or pedunculated; the pedicle being sometimes of considerable length, allowing the tumor to hang freely in the abdominal cavity.

As far, however, as my observation extends, *extra-uterine* tumors are generally attached by a broad band; in other words, they are *sessile*.

A singular feature in the history of pedunculated extra-uterine fibroids, is that they sometimes become, as it were, transplanted, attaching themselves by an inflammatory process to some part of the peritoneal surface; their original connection, from overstretching, gradually grows thin and feeble, in consequence of the weight of the tumor and motion of the womb, and finally gives way, and the seat of the tumor thus becomes materially changed. Or the pedicle may become broken before other attachments are made, thus leaving the

tumor, as it has often been found, rolling freely about in the peritoneal cavity.

You will bear in mind that, in addition to the three general divisions or distinct layers into which the uterine walls are arranged, the muscular, serous and mucous, the muscular, which forms the bulk of the substances of the uterus, being composed of bundles of unstripped muscular fibers, is also arranged in layers or strata intermixed with areolar tissue. These strata are three in number: The external, middle and internal. The external layer is placed just beneath the peritoneum, disposed as a thin layer on the anterior and posterior surface, and consists of fibers passing transversely across the fundus, converging at each superior angle of the uterus; are continued on the fallopian tubes, the round ligaments and ligaments of the ovary. The middle layer of fiber presents no regularity in their arrangement, being disposed longitudinally, obliquely and transversely. The internal, or deep layer, consists of circular fibers, arranged in the form of two hollow cones, the apices of which surround the orifices of the *fallopian tubes*, their bases intermingling with one another on the middle of the body of the uterus.

Now, according as a fibroid has its origin in one or the other of these strata or layers, so is its development.

A tumor arising from within the middle layer grows uniformly in all directions, giving the uterus a form similar to that of pregnancy.

When the tumor arises from the external layer, it develops more toward the abdominal cavity, and grows, so to speak, *out* of the uterus. When it arises from the internal layer, it grows toward and into the uterine cavity.

The influence which fibroids exert upon the cavity of the uterus varies with their location. Should the tumor be situated in the external muscular strata, forming that which we have called a *sub-peritoneal* tumor, it may attain an enormous size without producing any marked degree of alteration in the uterine cavity. When, on the other hand, the tumor develops in the internal muscular layer, that is, when the tumor is *sub-mucous*, and is growing toward or into the cavity, it at the same time distends it, the increase being in proportion to the size of the tumor.

Tumors situated in the middle layer usually produce some increase in the size of the cavity, but never to so great an extent as when they are *sub-mucous*.

The usual length of the uterine canal is two and a half inches;

however, two and three-quarters is frequently observed, or a diminution of a quarter of an inch from the standard measurement, may exist in a perfectly normal uterus.

When a tumor is broadly attached to the uterus, and especially when it is developed within the tissue of its walls, the organ becomes enlarged by a uniform increase of its substance and presents alterations easily to be recognized. The muscular tissue of the uterus becomes hypertrophied and the vessels attain a development not otherwise met with except in the last stages of gestation. The mucous membrane also, sooner or later, shows an increased development, and, on inspection, appears highly tumefide, and frequently upon the os and cervex, we observe excoriations and ulcerations, as well as a discharge of thick, viscid or sanguinolent mucus.

When tumors are slightly attached by a pedicle to the peritoneal surface and hang, as we have mentioned, freely in the peritoneal cavity, the increase in the uterine substance is much slighter. But when they grow from the mucous surface, and by their bulk begin to dilate the cavity of the uterus, its walls sometimes become diminished in thickness. As a general thing, we may say that the increase of the uterine tissue from the presence of a fibroid tumor, is greater in young females than in aged ones. In the latter the hyperæmia is insufficient to overbalance the wasting from old age.

Fibroid bodies, as soon as they become of any size, always cause displacements of the womb. The various displacements to which the uterus is subjected by the presence of tumors, depend entirely upon the point of origin of the latter. The organ may be either elevated or depressed, or pushed to either side of the pelvis.

A small tumor, no larger than a walnut, and its accompanying hypertrophid condition of uterine tissue in its immediate vicinity, situated in the anterior wall, near the fundus, will antevert the uterus, while if situated in the posterior wall, it will retrovert it, or pull it over backward; not so, however, if situated lower down, say below the os internum.

A tumor in the posterior wall, anywhere below the body of the uterus, will produce *ante-version;* and per *contra.* The tumor in the anterior wall, near the fundus, anteverts the womb by *pulling* it over forward, or the uterus gravitates forward from this additional weight, but when the tumor is situated in the anterior wall, below the os-internum, it meets with a point of resistance in the surrounding tissues, and it then *pushes* the uterus backward.

This, however, it will be observed, only applies to small tumors; because a tumor which is constantly increasing in size, will in the course of time, find a point of support in the walls of the pelvis, and will then begin to push back the summit of the uterus toward the opposite side of the pelvis. So it will be seen that a tumor, when small and situated in the anterior wall, near the fundus, produces ante-version; when becoming large, produces directly the opposite effect. Of course, a similar result is produced when the tumor is situated in the posterior wall.

Should the tumor still increase in bulk, the pelvic cavity may become too small to contain the mass; it then rises up above the superior strait into the abdominal cavity, where it will meet with but little obstruction to its free development.

As soon as these tumors become volumnious, they begin to exert an injurious influence upon neighboring organs; as a consequence, we have displacements of the bladder, alterations in the circulation of the hemorrhoidal vessels, mechanical obstruction of the rectum, etc., etc.

Uterine tumors participate in a great degree or measure in all the changes to which the uterus is subject during menstruation and pregnancy; its tissues become succulent, vascular and engorged, as do the proper tissue of the uterus.

The question whether or no these tumors ever assume a malignant degeneration has occasioned a good deal of controversy.

Dr. Atlee, of Philadelphia, Prof. Simpson, of Edinburgh, and Kiwisch, believe that malignant degeneration does sometimes take place; on the other hand, we have able and abundant authority, which unconditionally assert the opposite opinion.

Dr. Thomas, from whom we have before quoted, asserts that no fact in gynæcology is now more fully settled than the *non*-malignancy of fibroid tumors.

I have already remarked that fibroid tumors are subject to a great variety of changes. To a consideration of these I now invite your attention.

Absorption. It is a somewhat mooted point whether or no a natural cure of fibroid tumors is ever brought about by absorption.

Dr. Playfair, at a meeting of the London Obsterical Society, referred to the occasional spontaneous disappearance of fibroid tumors, and gave an account of two cases under his care, in one of which a tumor as large as an orange, and in the other as an adult's head, eventually

vanished. He thought, as the structure of fibroid tumors was similar to that of the uterus itself, that it might undergo a process of fatty degeneration similar to that which precedes the involution of the uterus after delivery.

Spencer Wells has no doubt that large fibroids do become absorbed.

Dr. Grailly Hewett believes that fibroids do spontaneously disappear, but that such a result is extremely rare by absorption. Scanzoni mentions a case where a fibroid, the size of a man's first, the diagnosis being perfectly plain and certain, disappeared during pregnancy, in a manner so complete that six weeks after accouchement not a vestige of it could be found.

Dr. Sims, in his practical work on *Uterine Surgery*, relates a case where he accidently removed a large sized pedunculated fibroid by pressure. It happened in this wise: After careful exploration the doctor had discovered a splendid specimen of a fibroid; and deeming it a capital opportunity to exhibit his skill before the hospital board, which was to meet the next day, the operation was postponed till that time; meanwhile a large sized spong tent was introduced and left in position. For some cause the board did not meet as per agreement, and the patient with the spong tent was forgotten. A whole week elasped before the doctor's attention was again called to this patient. After removing the sponge, which he says was the most unpleasant operation he ever performed, the finger was introduced but not a vestige of the tumor could be found; it had entirely disappeared.

Inflammatory action of the vascular structure of its uterine attachment is sometimes induced by various causes. The tumor, thus becoming deprived of its nutriment, may have its growth totally arrested and admit of its absorption.

A true inflammation of these parasitic growths, accompanied with suppuration and decomposition, except just upon the, surface is quite rare; still an inflammatory process within the bed of the tumor does sometimes occur, usually as the result of pressure and injury received during labor, and may end in the formation of pus or ichor; and the whole tumor may eventually be enucleated by this purulent process, and be discharged per vaginum; or it may open into the bladder or rectum.

Dropsy.—A fibroid may become œdematous, and that without any known cause, and especially the compound ones may attain a considerable increase in their bulk by this means. They then resemble

a fluctuating tumor and are sometimes mistaken for encysted ovarian tumors.

The single round, smooth fibroids are seldom affected in this manner.

Fibroid tumors sometimes contain cavities which may have occurred in several ways. They may result from the dropsical condition just spoken of; or the connective tissue of the tumor may undergo degeneration, a part of its substance becoming softened and liquified into an albumino-serous fluid.

Hemorrhages into the substance of the tumor may give rise to large accumulations of blood. These are called apoplectic cysts.

Cavities formed in fibroid tumors are generally well defined, rounded excavations, and often so much encroaching upon the tumor as to leave its walls quite thin. Such tumors are, owing to their fluctuation (recognized by palpitation), also sometimes mistaken for hydrometria and ovarian cysts.

Fibroids may also undergo earthy degeneration; the whole mass may become a ball of calcareous matter; and when of the sub-mucous variety it may become detached from its uterine connections and be discharged per vaginam, thus forming what the older writers called *uterine calculi.* Where calcification takes place in fibroids, a further increase in the tumor ceases.

"We occasionally find, imbedded in the substance of the uterus, round, whitish, heavy crystalline bodies, and of the hardness of bone, which are the remains of calcareous, degenerated fibroid tumors." —*Klob.*

These apparently solid earthy bodies are not really solid. On being divided, they are found to contain irregular small spaces filled with softened, muscular or connective tissue, in a state of fatty degeneration.

Fibroids themselves are also liable to undergo fatty degeneration; and when undergoing such change, they become soft, flabby and doughy. As in earthy, so in fatty degeneration, any further increase in the parasite becomes arrested.

In regard to the etiology of these tumors, gentlemen, I am sorry to say that I can give you but little information.

We have enumerated, among the predisposing causes, race, age, sterility and menstrual disorders. The exciting causes are veiled in still greater obscurity.

Diagnosis.—Before proceeding to an enumeration of the various

means of diagnosing uterine tumors, we feel inclined to offer a few remarks upon the physical exploration of the abdomen.

There are difficulties met with in the physical exploration of the abdomen, not encountered in similar examinations of the chest. Thoracic diseases involve, in their diagnosis, the examination of but two organs and their appendages, the heart and lungs.

While in making out the diagnosis of uterine tumors it becomes necessary to examine all the abdominal organs, ten or twelve in number, we have here the mesentery, the stomach, liver and spleen, the kidneys, uterus and ovaries, the intestines ascending and descending colon, the iliac vessels, etc., etc., and a consideration of all the diseases to which all these various organs are liable, should be taken into the account; for it would be a blunder indeed to mistake an enlarged liver or mesenteric gland, or a lump of impacted fæces in the colon, for a uterine tumor; nevertheless, such mistakes have been made.

A liberal knowledge of the history and pathology of abdominal diseases is essential for the physician who expects to diagnose with accuracy the various derangements which give rise to enlargements of the abdomen.

To faciliate our exploration of the abdomen, and render inferences, which we are sometimes compelled to draw, more certain, we will divide the abdomen into three general regions, the epigastric, the umbilical and the hypogastric.

The hypogastric region is bounded above, by the lower boundary of the umbilical region, below, in the center, in the pubes, and on either side by Poupart's ligaments. This region occupies the whole cavity of the true pelvis and contains the urinary bladder when distended, the convolutions of the small intestines, a portion of the ascending and descending colon, the ureters, the iliac vessels, the uterus and its appendages.

The manner of examining the abdomen is similar to that of thoracic examinations. We make use of inspection, palpitation, percussion and auscultation.

In thoracic examinations, auscultation is the most important method we have of detecting diseased conditions; but in abdominal examinations it is the least important, and is only made use of when we are lead to suspect pregnancy or the existence of an anuerism.

When examining the abdomen the patient should be placed upon her back, with her knees slightly drawn up, so as to relax the abdomi-

nal walls. As a general thing the abdomen need not be uncovered in order to examine by palpitation; when, however, auscultation is to be performed, the stethoscope must be applied directly to the skin. As the sounds to be heard are indistinct and circumscribed, percussion should be made successively over all parts of the abdomen. The sounds elicited on percussing a healthy abdomen will be either flat, dull or tympanitic.

When the walls of the abdomen are thin, soft and movable, we can by percussion and palpation determine with considerable accuracy the situation and condition of the subjacent organs; but in some cases of extreme obesity, where the abdominal walls are increased in thickness by great layers of adipose tissue, everything is obscured, and all abdominal examination is extremely unsatisfactory.

All things being favorable, the percussion sounds over the stomach, large and small intestines, and the solid viscera will be readily distinguished. "Over the central portion of the liver, spleen and kidneys the percussion sound is flat; over that portion of either of these organs where they overlap the intestines or stomach it is dull with a tympanitic quality; over the stomach and intestines it is tympanitic, more over the former than the latter. When fluid occupies the abdominal cavity, over the fluid the percussion sound will be flat. A distended bladder or uterus, an enlarged liver, spleen or kidney, or mesenteric gland, ovarian, aneurismal and other tumors are recognized and their limits determined by the unnatural and increased area of the percussion flatness; while on the other hand gaseous distentions of the stomach or intestines are recognized by the increased area of tympanitic percussion."

By inspection we can gain but little valuable information; we can only ascertain the size, shape and symmetry of the abdomen.

The unimpregnated uterus, in its normal condition, is so situated in the pelvis as to be inaccessible to palpitation; but when distended by pregnancy or disease it rises above the pubes and becomes perceptible in the hypogastric region to our sense of touch. As soon, therefore, as the fundus uteri appears above the symphysis pubis, we may conclude with much certainty that the organ is enlarged from some cause.

In addition to this external examination it usually becomes necessary to resort to an exploration per vaginam, and now and then we are compelled to pass the finger into the rectum to clear up some obscure point.

A combined vaginal and abdominal examination is always of great

service. With the index finger of the left hand in the vagina, and the fingers of the right pressed deeply into the walls of the abdomen just above the symphysis pubis, the body of the uterus can be embraced between the two; and thus, acting conjointly, we distinctly feel the uterus and readily ascertain the volume, shape, position, sensitiveness and regularity of the surface of the organ. We are thus enabled, also, at the same time to explore the ovaries, the broad ligaments, the anterior wall of the vagina and the bladder.

Various instruments have been devised to assist us in our explorations. From among them we will mention but three; the speculum, the sound and sponge tent.

As a diagnostic means the speculum can rarely be considered essential in investigating the special forms of uterine tumors we are now considering; it is far inferior to the touch combined with abdominal palpation. By it we are able to obtain ocular evidence of all that part of the uterus which projects into the vagina, and of the os uteri. It is, also, of valuable assistance, when we wish to explore the interior of the uterine canal, and facilitates in many cases the use of the sound, which is a most valuable instrument, and constitutes our most reliable method for appreciating the condition of the cavity of the uterus.

I shall not stop to speak of different speculums made use of, nor the manner of using them; you will find them treated of and illustrated in almost any work on diseases of women. To the uterine sound, however, I would like to call your particular attention.

The sounds now in general use are of three varieties, all resembling each other closely in principle, and consist of a stiff metallic rod, divided by notches into half inches, and bent so as to pass in the axis of the healthy uterus.

If the uterus be in its normal position, it requires but little dexterity on the part of the operator to introduce the sound; while the patient lies upon her back, the index finger of one hand being introduced into the vagina, and its tips brought in contact with the os uteri, the sound being previously warmed and well oiled, slightly grasped in the other hand, is introduced, and its point carried slowly toward the os., making use of the palmar surface of the finger already in position, as a director; with a little care the orifice will be readily found and the point of the instrument made to enter. As soon as the point of the instrument becomes engaged in the os uteri, the handle should be slightly depressed and gently pushed foward, till the knob-

bed extremity reaches the fundus uteri. It should be ever borne in mind that the least possible amount of force is to be made use of; the *least* resistance should be heeded, when, as is sometimes the case, the tissues of the uterus are diseased and softened, it would require but a small amount of force to do a great deal of injury; indeed, the sound might, under such circumstances, easily be driven clear through the fundus. Therefore, when the slightest impediment is met with, we should proceed with the utmost caution.

The most common causes of difficulty perhaps met with in passing the redresser is, that the point of the instrument is not directed in the axis of the canal. This difficulty, however, seldom occurs to the adroit and experienced practitioner; by a digital examination he will have previously informed himself of the precise direction of the vaginal portion of the cervex, and have his instrument curved in accordance with it. To the inexperienced, it often becomes necessary to withdraw the instrument and alter its curve; this he may have to do several times before he succeeds. Sometimes the curve will have to be that of a sharp angle; sometimes it must be the arc of a small circle, and again, the instrument will be left perfectly straight.

An impervious os, which, however, is seldom meet with, would be an impediment that should be anticipated before sounding is attempted; when the finger fails to find an aperture, the speculum should be resorted to, and an ocular inspection of the parts be made.

Again it not unfrequently happens, even with the most experienced, that the point of the instrument becomes entangled in one of the lacuna or depressions of the cervex uteri, and its further passage arrested; this difficulty is easily overcome by slightly withdrawing the instrument and altering the direction of its point on its re-introduction.

Contraction of the canal of the cervex, especially at the internal os, affords an obstruction to the ingress of the instrument; this kind of an impediment will be recognized from the fact that it is met with only after the instrument has passed from an inch to an inch and a half beyond the os uteri. As a general thing in such cases, a smaller instrument—Sims' probe—will have to be resorted to before entrance to the uterine cavity can be gained.

Lastly, curvatures and distortions of the canal offer the most serious obstacles to the introduction of the instrument.

Owing to the many objections urged to the use of the sound of Simpson, and especially to the impossibility of its introduction in

cases of uterine flexion, and the pain produced by the size and inflexibility of the instrument, Dr. Marion Sims has devised a simple silver sound, or rather probe, without notch or mark, which, being very flexible, can be easily curved to suit the particular case in hand, and, being much smaller than the ordinary redresser, can be passed through a contracted cervix.

It can be employed in all cases, except where pregnancy exists, is easy of introduction, and produces no pain, even though the parts are inflamed and sensitive, and gives us all the information the sound can afford, namely the course, length and capacity of the uterine canal.

The facts ascertained by the probe are: The capacity of the uterus; the existence of morbid growth within it; and deviations of the course of its canal.

Important facts like these are of great practical value in diagnosing uterine tumors; in fact, no case of uterine disease, where there is the least reason to suspect the presence of a fibroid, should be considered thoroughly investigated where the use of the sound has been omitted.

Another valuable acquisition to modern uterine surgery is the *sponge tent;* with it we are enabled to dilate the cervical canal so as to examine the cavity of the body by touch and sight. *Sponge tents* may be classed among our most important diagnostic recources. For their use, and how they are made, you are referred to *Sims' Uterine Surgery.*

As a general thing, the diagnosis of uterine tumors is not difficult, Even small nodosities on the surface or in the walls, can be mapped out with great exactness, while the large and compound ones can be diagnosed with great facility.

The first important step to be taken on the way to a correct diagnosis, is to learn the early history of the growth.

It is important to ascertain, as definitely as possible, the exact spot at which the tumor was first observed. If it arose from the right or left side of the hypogastric region, we would at once suppose the possibility of its being ovarian, or if it arose first in the epigastric, or umbilical region, or could not be traced down into the pelvis, we would naturally conclude that the difficulty was unconnected with the uterus.

The subjective symptoms which sooner or later show themselves, and especially if the tumor be of the sub-mucous variety, are distur-

bances of the menstrual function. Profuse menstruation is almost always present, and is one of the great sources of danger. The bleeding comes from the engorged mucous membrane, and is sometimes fearfully profuse, and very exhausting to the patient.

These hemorrhages are accompanied by pains, more or less severe, of a tearing nature, not unlike those of labor.

The intervals between the menstrual periods gradually diminishes in length of time; and during the interval, even, there is most always a catarrhal blenorrhœa from the mucous surface.

As the case progresses and increases in severity, the patient has hemorrhages more or less severe, between the catamenial periods; or these periods, accompanied by severe hypogastric and sacral pains of an expulsive or pressing nature, may recur at shorter intervals, and continue for a longer time; indeed, we frequently meet with cases where the flow is uninterrupted, the patient scarcely ever passing a day without a show. Of course this frequent and abundant loss of blood cannot continue always without producing marked anæmia and exhaustion.

Sub-peritoneal fibroids, on the contrary, may attain a large development without producing menstrual hemorrhage or interrupting the natural flow in any way. An exception to this is, however, met with, when, as is sometimes the case, this form of tumor causes atrophy of the uterine muscular tissue, when as the result we may have complete amenorrhœa. The patient frequently complains of an obstinate constipation, often accompanied with hemorrhoids, a frequent and urgent desire to urinate, and a numbness of the lower extremities. These symptoms are occasioned by actual pressure from the enlarged or displaced uterus.

As already stated, various displacements of the uterus are the result of fibroid growths, and these are accompanied by a host of reflex symptoms in distant organs, such as violent headache, nausea, cardialgia, vomiting, palpitation of the heart, general convulsions, and all that is included under the head of hysteria.

These symptoms, partially, or in full, may continue for years without the patient once suspecting the real nature of her difficulty.

The doctrine of exclusion is a good one to go upon in diagnosing uterine tumors, or any disease of the abdomen. We will first enumerate those diseases and conditions which simulate and may be mistaken for uterine tumors: pelvic abscess, pelvic hæmatocele, anteflexion or retroflexion, ovarian tumors, fæcal impaction, pregnancy, distention of the bladder, carcinoma.

Ovarian tumor. How shall we distinguish it from a uterine fibroid? In the first place an ovarian tumor does not at first show itself in the median line of the abdomen; a uterine fibroid does. It is true, that when an ovarian tumor becomes quite large it comes to occupy nearly a central position, but should the early history of the tumor show that it began in either iliac region we would at once doubt its uterine connection. Ovarian tumors can, as a general thing, be pushed from side to side, without disturbing the position of the uterus, as ascertained by the vaginal touch and uterine sound. And the uterus can also, with the sound, be moved without affecting the position of an ovarian tumor. In those cases where an ovarian tumor is firmly attached to the uterus, great difficulty is often experienced in forming a satisfactory diagnosis.

As a general thing when we observe a firm round tumor which has first developed in the median line, has been of slow growth, the probabilities are that it is uterine, and especially so if we learn that the patient has suffered from menorrhagia, metorrhagia, pelvic pains, uterine tenesmus, leucorrhœa dysmenorrhœa, and symptoms of pressure upon the crural vessels and nerves.

Our diagnosis may be confirmed by the conjoined vaginal and abdominal examination, and the uterine sound.

Distention of the bladder has been mistaken for ovarian cysts and uterine tumors. The application of the catheter will speedily and effectually clear up any obscurity that may arise from a supposition of this kind.

Fœcal accumulations give rise to a tumor which may lead a careless observer astray. They may be recognized by their irregular shape, doughy feel, and a permanent indentation by pressure; they do not move with the uterus; are most always connected with intestinal pain and disorders; are generally located in the region of the caput coli; they exert no influence on the functions of the uterus.

Pelvic abscesses, or, as they are technically called, peri-uterine cellulitis. These tumors, unlike fibroids, are extremely sensitive to pressure; the pain is fixed in the region of the broad ligament; there is always great tenderness to pressure over the brim of the pelvis, there is great general disturbance manifested by chill, fever and other signs of inflammation.

Pelvic hæmatocele, or an accumulation of blood in the pelvic cavity, occurs suddenly and gives rise to a tumor not well defined, and which may be mistaken for a tumor in the uterine walls.

Attention to its early history and a careful physical examination however will usually enable us to distinguish it from a fibroid. It is much more liable to be mistaken for a pelvic abscess. It is usually limited to one side of the pelvis, and lacks the uniformity and solidity of a fibroid; it occurs suddenly and is attended with alarming faintness and prostration. It is unattended by any symptoms of inflammation.

Carcinoma.—Cancer of the uterus as a general thing progresses to the second or ulcerative stage before the physician's attention is called to it. He then finds the patient complaining of hemorrhages and offensive discharges. A physical examination is made, and when the disease is situated in the cervix it presents to our sense of touch a peculiarly hard nodular feel; and in those parts where ulceration has taken place the finger at once discovers an absolute destruction of tissue, leaving ragged edges which crumble and bleed when interfered with.

The diagnosis of fibroids from cancer turns chiefly upon the rate of progress of the case, and the general constitutional disturbance produced. Carcinoma being much more rapid than fibroids and affects more profoundly the general economy.

In all suspected cases of cancer a portion of the diseased structure should be examined under the microscope, when the question of its malignant or non-malignant nature will at once be settled.

Uterine flexions are not unfrequently, on a causual examination, mistaken for fibroid tumors. The differentiation may be established by the use of the sound and the conjoined manipulation already spoken of.

Pregnancy.—It seems almost impossible that pregnancy should be mistaken for a fibroid tumor, still there are cases on record of such mistakes having been made. If we bear in mind the changes that take place during pregnancy, the absence of menstruation, the morning sickness of which women so uniformly complain, and the changes that take place in the os uteri, and the areola about the nipple, it seems as though we could hardly make this mistake. However, should our mind be unsettled after a fair consideration of these points, we must resort to auscultation; this is an infallible test. If you can hear the fœtal heart beat, you can rest assured that the enlargement is not entirely due to a fibroid tumor.

Biographical Notice of Dr. Joel Bryant. By Henry Minton, M. D., of Brooklyn.

At a regular monthly meeting of the Homœopathic Medical Society of the county of Kings, held December 8th, the following obituary notice of Dr. Joel Bryant, late of this city, was presented by the President, Henry Minton, M. D., and unanimously adopted by the Society:

Dr. Joel Bryant, the subject of these remarks, was born in Northport, Suffolk county, Long Island, November 10th, 1813.

The first few years of his professional life were spent in his native village. He came to the city of Brooklyn in October, 1850, and has been actively engaged in the practice of his profession, to which he was most devotedly attached until the day before his death. In the year 1852, he contracted a severe cold, from which he never entirely recovered. During the acute stage of this attack, which finally settled in his right knee joint, he was confined to his bed for some three or four months. The bones of the right leg became necrosed, and from this time until the day of his death, he was never free from pain, when awake, for a single hour. For years past he was frequently obliged to walk the floor of his room at night, pain and suffering effectually banishing sleep.

He was prevented by his infirmity from actively associating with his fellow practitioners, which was to him a source of great and constant regret.

The activity of his mind was untiring, and when urged to relinquish his practice, he invariably answered, that he would not live a week should he do so.

The day before his death he sat in his office attending to the sufferings of others, entirely heedless of his own.

For nearly two months previous to his death, his sight became impaired, and it was with extreme difficulty that he could see to read or write.

His death, which took place on the 20th of November, 1868, was a welcome boon to himself, though a sad blow to his numerous friends.

Dr. Bryant was a graduate of the Pennsylvania Medical College; he was the author of several treatises on homœopathy. Perhaps no work on homœopathic practice is more familiar to the profession at large than "Bryant's Pocket Manual."

I would respectfully submit, for endorsement, as the expression of this Society:

That, in the death of Dr. J. Bryant, who, though not a member of this Society, was an active an efficient member of the profession at large, we mourn the loss of a firm and persistent advocate of homœopathy, and a friend of the suffering poor.

That we tender to the large circle of friends and patrons of our deceased brother, who, by his death, lose a skillful physician and valued friend, endeared to them by many acts of kindness and devotion to their welfare in hours of affliction and trial, our heartiest sympathy.

That a copy of this report be handed to the family of our deceased brother, and also be made public through the daily papers.

ARTICLE LIX.

Livingston County Medical Society.

Organized 1863. Comprises Livingston and Orleans counties. Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in December.

A. OFFICERS AND MEMBERS.
B. CLINICAL REPORT:
INTRA-CAPSULAR FRACTURE OF THE NECK OF THE FEMUR. BY R. S. BISHOP, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. J. N. Anderson.
Vice-President.—Dr. A. L. L. Potter.
Secretary and Treasurer.—Dr. J. A. West.
Censors.—Drs. A. L. L. Potter, J. W. Dake and R. S. Bishop.
Delegate to the American Institute of Homœopathy.—Dr. J. N. Anderson.

Members.

Drs. J. N. Anderson, Dansville, Livingston county.
Jabez W. Dake, Nunda, "
James A. West, Geneseo, "
Asaph L. L. Potter, Albion, Orleans county.
R. S. Bishop, " "

B.

CLINICAL REPORT.

Intra-Capsular Fracture of the Neck of the Femur. By R. S. Bishop, M. D., Medina, Orleans county.

Intra-capsular fracture of the neck of the femur being an accident more than ordinarily serious in its nature, and of not unfrequent occurrence, any favorable results obtained in its treatment must be of interest to the surgeon called to attend, or the patient who may suffer such an accident. Especially important is any evidence bearing upon this subject that may serve to establish in the minds of physicians and

surgeons the idea that it should receive the same attention as other fractures, that is, treat it with a view to a union. It is probably safe to assert that the largest proportion of the allopathic surgeons, and many homœopathic, treat such accidents on plans obtained from the writings of Sir Astley Cooper and others of like sentiment, which consists in simply letting the patient alone. Although most modern works upon surgery advise some form of apparatus for maintaining extension, yet, as before asserted, the advice is not generally acted upon. The following cases are to-day living witnesses that apparatus can be applied, and as a consequence of that application, obtain results not expected by the no-dressing theorists, and at the same time, they demonstrate the beneficial effects of homœopathic medical treatment. The results of this medication are in startling contrast to the routine anodyne treatment of our self-blinded neighbors.

CASE I.

Mrs. W——, of this village, a lady well known by many in Albany. Her age at the date of accident was eighty years; she was in the possession of good health for that age, and quite fleshy. On the 12th day of August, 1867, she missed the lower step of a flight of stairs, and fell, evidently striking upon the great trochanter. The symptoms characteristic of such a lesion, intra-capsular, were very prominent. Shortening of the thigh, eversion of the foot, change of position of the great trochanter, crepitation and preternatural mobility. My prognosis, based upon these symptoms as indicating the nature of the fracture was unfavorable, yet advised dressing. An allopathic surgeon, Dr. J—— C——, was called as counsel. He confirmed the diagnosis, advised "no dressing," recommended anodynes and expected a fatal result within two weeks. Further counsel being desired, Dr. Moore, of Rochester, was called. This same Dr. Moore evidently regards his opinions as approaching as near infallibility as those of any man who ever expressed an opinion could be. He fully confirmed the diagnosis, fully indorsed Dr. C.'s non-interferance policy, insisted that a union of any kind was impossible, stated that the restraint of splints was unwarrantable, and predicted her death within two weeks. This Dr. Moore considered his professional dignity greatly injured by being called to consult with a homœopathist, doubtless concluding that the superior wisdom of a regular, would be very apparent in a few weeks.

The patient was placed at my disposal, and I dressed the fracture

with a view to possible recovery; the details of medical treatment were carried out upon a homœopathic basis. In six weeks the splints were removed, but no motion allowed, except a careful change of position, for some time longer. It was not long before crutches were called into requisition. Before one year had passed, she could take her cane and visit her neighbors, and at last ascend and descend stairs, and even walk without crutch or cane. She has not complete use of the limb, and never will have, the union being evidently fibro-ligamentous. There is slight shortening.

There were many very important points reached through the medium of the dressing, namely: The particulars already referred to, in obtaining a useful limb; the importance of homœopathic treatment of symptoms, as a measure of relief and comfort, and to facilitate the recovery; and particularly the happy effect of the splints, in overcoming the painful muscular contractions, characteristic of all fractures.

Case II.

A lady seventy-two years of age. The accident occurred in a manner similar to the other case. She was unlike the other, in that she was in somewhat feeble health, of light stature, possessing, apparently, but little recuperative energy. This case was placed under my care without other counsel. The symptoms were all characteristic of intro-capsular fracture. I followed the same plan of treatment as before, with thus far the same results. This fracture occured September 2d, 1868.

It may be asked, would not the patients have done equally well without the splints? I can only introduce comparative evidence. Several cases have come under my observation, alleged by the attending surgeons, to be the fracture under consideration. These received the benefits of the proposed plan and not a single case recovered. Hence the deduction, that the unfortunate who meet with this terrible fracture, have a much better chance for recovery when splints are applied, and homœopathic remedies administered, than when left without mechanical support, and drugged with anodynes. It is not claimed that the administration of our remedies saves the patient all local pain. The complications which arise are better controlled, and the general condition is so sustained that the reparative process is much more rapid and certain than when the only effort made, is to allay local suffering by the means of opiates.

That the nature of the fracture is such as to make it greatly to be

dreaded, both by surgeon and patient, none will deny; but that it must be regarded as a sentence of death, to the aged victim, very soon to be executed, or even a living bed-ridden death, does not necessarily follow. It is always safe to make the effort for their recovery. Should the indications demand a removal of the dressings, the patient is no worse off than at the commencement; at least, the surgeon will not be obliged, in the event of their escaping death, to view them in after years, helpless, hopeless, prisoners confined to their small corners, immovable by their own volition, pointing to him, and in feeble acents saying: "You did not try to save me."

ATICLE LX.

Madison County Medical Society.

Organized 1863. Annual meeting, fourth Tuesday in June, at Morrisville; semi-annual meeting second Tuesday in January.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS:

PROCEEDINGS OF THE SIXTH ANNUAL MEETING, JUNE 22, 1869.

C. CLINICAL REPORTS:

CASES OF INSANITY. BY STILLMAN SPOONER, M. D.

CLINICAL REPORTS. BY E. C. BASS, M. D.

D. REPORT ON MATERIA MEDICA:

NEW REMEDIES. BY GEORGE B. PALMER, M. D.

ALCOHOL AS A MEDICINE. BY EDWARD LOOMIS, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Edgar C. Bass.

Vice-President.—Dr. Stillman Spooner.

Secretary and Treasurer.—Dr. George B. Palmer.

Censors.—Drs. Edward Loomis, Henry P. Mera and John W. Brown.

Delegates to the State Medical Society.—Drs. E. C. Bass and John W. Brown.

Delegate to the Oneida County Medical Society.—Dr. Edward Loomis.

Delegate to the Onondaga County Medical Society.—Dr. E. C. Bass.

Delegate to the Otsego County Medical Society.—Dr. Ira C. Owen.

Committees.—Drs. D. D. Loomis, Disease of Children; G. L. Gifford, Typhoid Fever; Isaac Clark, Cerebro-spinal Meningitis; A. E. Wallace, Scarlatina; I. C. Owen, Phthisis Pulmonalis; S. Spooner, Cephalalgia; H. F. Adams, Chronic Metritis; George B. Palmer, New Remedies; E. C. Bass, Surgery.

Honorary Members.

H. M. Paine, M. D., Albany; E. A. Munger, M. D., Waterville; George W. Bailey, M. D., Elizabeth, N. J.; William B. Brown, M. D., Palmyra; Harrison Willis, M. D., Brooklyn; J. P. Hunting.

Members.

Drs. Daniel D. Loomis, Oneida, Madison county.
Gilbert L. Gifford, Hamilton, "
Isaac Clark, Eaton, "
George B. Palmer, East Hamilton, "
Adrian E. Wallace, Oneida, "
Stillman Spooner, " "
Edward Loomis, " "
Henry F. Adams, Canastota, "
H. P. Mera, " "
Edgar C. Bass, Cazenovia, "
A. A. Lewis,* De Ruyter, "
John W. Brown, Morrisville, "
M. M. Catlin, Brookfield, "
Ira C. Owen, Sherburne, Chenango county.

B.

REPORT OF TRANSACTIONS.

Sixth Annual Meeting, June 22, 1869.

The sixth annual meeting of the Homœopathic Medical Society of Madison county, was held at the National hotel, in Oneida, on Tuesday, June 22, 1869.

The meeting was called to order at 11 o'clock, A. M., the President, Dr. Bass, in the Chair.

Present—Drs. Bass, D. D. Loomis, S. Spooner, A. E. Wallace, George B. Palmer, H. F. Adams. Drs. J. W. Brown, of Morrisville, H. P. Mera, of Canastota, and Edward Loomis, of Oneida.

On motion, the reading of the minutes was dispensed with.

The treasurer presented his annual report, which was read, and, on motion, placed on file.

Drs. Edward Loomis, H. P. Mera, J. W. Brown, and M. M. Catlin, were proposed for membership, and, on ballot, were severally elected.

The Society then adjourned to half past one o'clock, P. M.

* Deceased.

Afternoon Session.—Afternoon session called to order at half past one o'clock. Dr. Palmer presented a paper entitled "New Remedies;" also a report of several cases from practice. (See page 635.)

Dr. Spooner presented a paper giving the history and treatment of cases of insanity. (See page 631.) He also reported verbally the treatment of other cases of the same disease.

Dr. Edward Loomis presented an interesting paper entitled "Alcohol as a Medicine." (See page 641.)

The reading of these various papers called forth considerable discussion, which was participated in by the members generally.

Dr. Adams reported verbally a case of scirrhus of the mamma successfully treated with sempervivum tectorum.

Dr. Bass read a paper giving in detail the history and treatment of a number of cases of scarlatina maligna, also several other clinical cases. In the discussion of these papers, the subject of cerebro-spinal meningitis was introduced. Several of the members related their experience in the treatment of this disease.

Dr. Wallace presented a case to the Society, and requested suggestions for treatment. Dr. Spooner reported a case of sporadic cholera, treated successfully with aconite rad.

On motion, it was resolved that the next meeting of the Society be held at Eaton, on the fourth Tuesday in June, 1870, at ten o'clock, A. M.

The Society then proceeded to elect officers for the ensuing year. (See page 629.)

Dr. Wallace presented his resignation as delegate to the State Society, which, on motion, was accepted, and Dr. J. W. Brown was elected to fill the vacancy.

Adjourned.

C.

CLINICAL REPORTS.

Cases of Insanity. By Stillman Spooner, M. D., of Oneida.

The principal object that induces me to report the following cases, is that my testimony may be added for the purpose of inducing physicians of our school to give more attention to the treatment of mental disease.

For myself, I am fully convinced that as many cases of insanity can be successfully treated as of any other chronic disease. Permit me, therefore, to earnestly advise every homœopathic physician not to allow any opportunity to pass unimproved, of treating cases of insanity,

as he would other diseases that may daily come under his care. These thoughts were suggested by the results of the two following cases.

CASE I.

About the middle of May, 1869, I was requested to visit Mrs. C., the object being to obtain an affidavit, certifying her insanity with a view of sending her to the insane Asylum, at Utica, at the expense of the county. On visiting her, I learned her previous history and present condition, about as follows: Age, about sixty, black hair and eyes, complexion brunette, of a nervo-bilious temperament. Sometime during the month of December, 1867, she became impressed with the belief that her husband intended to poison her. This delusion possessed her mind to such an extent that she separated from her husband and remained so till within a short time before my visit. About three weeks previously the monomania changed to general insanity, with entire unconsciousness of passing events from day to day.

At this time, she believed that all of her friends wished to poison her. This idea prevailed to such an extent that it was with difficulty that she could be induced to eat. She was violent, uncontrollable and wakeful, requiring constant watching night and day. When I first saw her, she lay passively on the bed, with an expression of wildness on her countenace, and a suspicious look in the eyes. No method of mine could induce her to speak. The pulse was soft and slow; the skin cool; the tongue whitish and furred; the bowels alternated with costiveness and diarrhœa.

I suggested to the family that, possibly, she might be improved by treatment, and made a prescription. I gave belladonna,[3] in water, a teaspoonful every three hours. She slept quietly the following night, and was left alone for the first time from the commencement of this attack. In the morning, she would answer some questions with slowness and hesitation. I now alternated stramonium[3] with the belladonna, each to be given once in four hours. These medicines were continued for six days; she also took some medicines for collateral symptoms.

The result was that she continued to improve, both mentally and physically, without a single drawback. At the end of six weeks, I discontinued active treatment, and gave unmedicated pellets. Ten days after I began treatment, she inquired for her husband, for the first time in two and a half years. He was informed of the request,

and came to see her. She was delighted to see him. So fearful was she that he would leave her again, that she was unwilling to have him out of her sight. She now showed no vestige of insanity. Her physical condition had so far improved that she performed considerable labor, such as sewing, cooking and ironing. She went away with her husband soon after, since which time, I have not been advised of her condition.

CASE II.

In the month of June, 1867, I visited Mrs. H., aged about sixty-five. She had dark hair and eyes, skin of a dingy smoked appearance, nervo-bilious temperament, a haggard, emaciated, woe-begone appearance generally. I had, for a year or two previously, treated her for a mild type of sub-acute insanity. She apparently recovered. About twenty-four hours previous to my visit, she became insane and completely unconscious.

Four weeks previous to this attack, she was seized with hemiplegia. She was unable to use either of the limbs of the affected side. When the present acute disease commenced, the hemiplegic side was restored to its normal condition so far that she clandestinely walked to a neighbor's house distant some sixty rods, and returned.

I saw her about twenty-four hours after the attack. She then lay upon her back, perfectly unconscious, the eyes wide open, but not noticing objects, the pupils contracted. The impression produced on the mind was that a fullness or compression of the brain supervened, which protruded the eyes forward, and gave them the unconscious and glaring appearance which is so peculiarly expressionless. The hands were raised to a perpendicular attitude to the full extent of her arms. She was constantly talking and moaning on the subject of religion. She was urging sinners to flee from the wrath to come, and escape an everlasting burning hell.

Her characteristic symptoms were the staring, strained, unconscious appearance of her eyes, which decided the use of belladonna, other symptoms indicating stramonium. I alternated the two remedies. She became more quiet within four hours, and had a tolerable night's rest.

The next morning she was conscious. She recognized her friends and answered questions. I continued the remedies till the third visit, when the patient was found to be entirely conscious, the head clear, and the paralysis existing as before the attack of insanity. I

then gave her strychnia, sixth dilution, which, in a few days, cured the paralysis.

Clinical Report. By E. C. Bass, M. D., Cazenovia.

CASE I.

In September last, Mrs. D., consulted me about her daughter. Said she had been under medical treatment since spring, but was gradually failing, and she greatly feared that she was fatally sick with consumption.

The daughter was thirteen years old, dark hair and eyes, pale, sickly complexion, a yellowish tinge of the skin, very much emaciated. She had short dry cough, appetite changeable; said she was so weak that she could not sit up straight. Beside it hurt a "*bunch*" on her side to sit or stand up. On examination I found a tumor about the size and shape of a hen's egg, covering the seventh and eighth ribs, in a direct line from the arm pit down. It had the appearance and feeling of a hard fatty tumor, slightly tender to the touch. First noticed it about three months before, since which time it had grown to present size. The doctor told her it must be cut out, and then she would get better. From the general appearance of the child I concluded at once that sulphur was the proper remedy. Prescribed sulphur[200] four powders, one to be taken every fifth morning, also a bottle of unmedicated pellets, six pills to be taken every five hours. A week later she was very much improved, and in four weeks was perfectly well, and what was singular to me, the tumor had entirely disappeared. She remains perfectly well at present date.

On April 1st, 1868, I was called to see Miss M. J——, aged twenty-four. The patient had been under treatment two years for "consumption of the bowels," and was informed that a cure was not to be expected. Very pale, sunken countenance; eyes peculiarly bright; fever of a hectic type; night sweats; the tongue very red, the edges of which were studded with small white ulcers; the gums and inside of the mouth exhibited patches of the same; slight hacking cough; very much emaciated; appetite generally good; food gave her great pain in the stomach and bowels; found the abdomen considerably distended and extremely tender; the weight of the bed-clothes gave her pain; was constantly tormented with sharp, colicky pains in the bowels; about twice in twenty-four hours had a passage of pus and mucus from the bowels, which had an extremely putrid smell; no fecal matter had been mixed with these evacuations, during the past year.

By the advice of her former medical adviser, she had been in the habit of taking cathartics every other day for the past eighteen months. Menstruation very irregular, and the flow scanty. Feet and limbs œdematous. The condition of the patient seemed so unpromising, I concluded to take the case in order to do what I could to render her somewhat more comfortable. On careful investigation, I could find no remedy that corresponded with the symptoms as well as nux. I accordingly gave nux[30], ten pills four times a day. Very slowly but surely the patient began to improve, and in three months time was, apparently, perfectly well. I need not inform you that that young lady is a firm believer in that system which our so-called *regular doctors* call "*Hahnemannian trash.*"

The young lady remains perfectly well at date, June 1st, 1869.

New Remedies. By George B. Palmer, M. D., of East Hamilton.

Within the last ten years, quite a number of new remedies have been brought to the notice of the homœopathic profession. I call them *new* remedies, for, although many of them have been extensively used in domestic practice, or have been employed to a greater or less extent by other schools, still they have never found a place in the homœopathic materia medica, and at present we have nothing like a full and thorough proving of many of them. While, as I said, they have been used by others, and also by our school to some extent, such use has been to a great degree empirical. Nevertheless we have learned by experience (which is the true test), that many of them are valuable agents in the treatment of disease, and this taken in connection with the imperfect provings which we have, leads us to place a high estimate upon some of them. However much may have been said against their use at present, because not fully proved, yet their use every day by physicians is giving proof of their worth.

Some have said that our materia medica is already large enough, and our energies had better be devoted to studying the remedies we already have, and gaining a more thorough knowledge of them. But I am not aware that Hahnemann or his more immediate disciples, exhausted the entire list of remedies, or that, because those already proved have been found so valuable, others equally valuable cannot be found even among the indigenous plants of America. The field is large, and as our numbers are constantly increasing, so is there enough for each to do. I would not undervalue the old remedies, nor the arduous labors of those who have given us the knowledge

of them which we already possess; and those who choose to do so, can verify the provings and study these, while others may profitably employ themselves in developing new remedies. The labor of all will add to the common stock and thereby benefit mankind. But my design is merely to call attention to a few of the new remedies, with perhaps a hint at some of the indications for their use in various cases; and in this I shall only give my own experience and observation, as *the books* are accessible to you as well as myself, and if suggestions are the means of recalling to your minds other indications and uses of any of these remedies, I hope you will make them known for our mutual profit.

First. I mention the æsclus hippocastanum. This remedy has been quite thoroughly proved by Dr. Boyce, of Auburn, Dr. Paine, of Albany, and several members of the Oneida County Society, also by Dr. Burt, of Iowa, and others. I have used it with good result in hemorrhoides, with *little* hemorrhage, but considerable pain, swelling and rigid hardness of the rectum. Also for some forms of leucorrhœa, where the characteristics are the pain and lameness in the small of the back. The provings show decided action upon the mucous surfaces of the air passages. I have never used it for these symptoms.

Apocynum can. I have used with good effect in cases of ascites and anasarca, and in every form of dropsy. It seems to act by restoring and increasing the urinary secretion; in some cases acting promptly after the ineffectual use of apis., arsenicum, hellebore, digitalis, and nux. It is recommended by some for menorrhagia, and some forms of uterine hemorrhage (passive). I once used it in a case of menorrhagia with marked good effect, after I had failed with other remedies. The indications were, considerable irritability of the stomach, urine suppressed, great debility, feeble and quick pulse, and palpitation, first decimal dilution, drop doses, repeated at intervals of three hours.

Baptisia tinctoria is a remedy with which you are all doubtless familiar. I only wish to say that in the type of typhoid fever which prevailed last fall, no one remedy was so efficient. While the pulse was full and quick, tongue dark red or brown, with tendency to cerebral disturbance, great nervousness, restlessness, and even delirium baptisia never disappointed me. It brings down the pulse and subdues the fever quicker than any other remedy which I have ever used. It seems particularly adapted to the typhus crasis; and in the later stages when delirium is constant; great prostration with

evident disposition to decomposition of the fluids, baptisia produces an immediate favorable effect. I should not wish to undertake the treatment of this fever without it; and if it proves of no value in any other disease, its great importance in this entitles it to a permanent place in our materia medica. But in dysentery, especially in old people, with dark stools, typhoid tendency, brown tongue, etc., it has afforded me, in two or three cases, prompt relief, after I had well nigh given over the case as hopeless. The peculiar indications are colicky pain before stool, which is of dark brown matter or mucus and blood, with the general typhoid condition. It is also a good remedy in some cases of typhoid pneumonia. As a local application to ulcers or mucous surfaces, where there is a tendency to putrescence, it has sometimes served me well, using it internally at the same time. Of course I do not attempt to give indications for the use of this remedy in all diseases to which it may be applicable. As I said above, I only wish to give my own experience and nothing more.

Caulophyllum is fast proving itself to be a valuable remedy in various forms of female diseases, and in rheumatism, particularly of the phalanges and metacarpal joints of the hand and foot. I think well of its use in connection with cimicifuga rac., as a preparation for labor. The testimony of my patients is unqualified as to the benefit derived from them. In some forms of headache, if dependent upon uterine derangement, with dimness of sight and pressure behind the eye, caulophyllum will generally cure. In suppression of the menses, also in menstrual colic, particularly the latter disease, it is one of our best remedies. I have procured relief in several cases where other remedies had failed entirely. One case, particularly, in which an allopathic physician had tried for two years without success, and I also had prescribed a number of times, without relief, I found that a single dose of caulophyllum,[1] one drop, taken at the commencement of the attack, invariably gave relief, and the disease is fast disappearing entirely. For spasms, connected with menstrual derangement, it would be one of the first remedies which I should think of.

Chimaphila umbellata I have used with marked effect in one case where the only difficulty was a constant disposition to frequent micturition, as often as every hour or two; only a small quantity voided, and that not unnatural in appearance. Other remedies which I prescribed did not meet the requirements of the case. This acted promptly.

Cimicifuga racemosa. This remedy I use considerably in rheumatism, spinal irritation, cerebro-spinal meningitis, and delirium tremens; also in various female complaints, leucorrhœa, menorrhagia, suppression of the menses, false pains during pregnancy, and with caulophyllum as a preparation for labor. In some cases of threatened abortion, I think I have succeeded in warding off the danger with this remedy. The particular symptoms in this case would be cold chills during the day, perhaps for several days, with prickling sensations in the breasts. Suppression of the *lochia* from cold and mental emotion, where uterine spasms occur with headache and delirium, will yield to this remedy. The provings of this plant are comparatively full, and point to a somewhat extended range of action.

Collinsonia can. has been of service to me in some cases of colic with nausea and flatulence, where colocynth and nux failed. In hemorrhoids I have prescribed it a few times with good results. In case of constipation with a good deal of flatulence, heat and itching of the rectum, this remedy was curative, after nux and opium. I think it a valuable remedy.

Cornus circin. The only case in which I have used this remedy was in a form of eczema, which has been general and very troublesome in this vicinity. Three cases in one family were cured by the internal use of cornus[1], drop doses, three times a day. I have not prescribed for a case since that time, but if I have occasion shall give it further trial in this disease.

Dioscorea villosa is a remedy which, I think, bids fair when thoroughly proved to take a place in our materia medica not the lowest in rank. I have use it in an anomalous disease of the abdominal organs, described in Hale's first volume of *New Provings*, page 149. My case was similar to that in every respect. The pain began suddenly at a small spot in the right iliac region and would sometimes continue intense for two days, ending always in an attack of vomiting, and leaving as suddenly as it commenced. Dioscorea cured this and also a subsequent attack, since which for more than a year there has been no return. It was the only remedy which I found which seemed to produce any effect. I have also used it to relieve an irritating, hacking cough, caused by a constant tickling sensation in the throat and bronchia. The remedy was successful.

Erigeron can. This is an efficacious remedy for controlling hemorrhages of almost any description. I think it far superior to hamamelis in this class of cases, especially in active hemorrhages.

In bleeding of hemorrhoidal tumors and hemorrhage of the bowels, I have used it with uniform success. It would be my first remedy in these cases. I have not used it for other diseases. It should be thoroughly proved.

Eupatorium perfoliatum has been used considerably by many. The eupatorium purpureum and aromatica are of considerable value.

Gelseminum is perhaps familiar to you all. To those who have used it, I need not speak of its value. In certain inflammatory states it seems to meet the condition more perfectly than aconite; and, having some of the congestive symptoms of belladonna, in some cases it seems to cover the conditions of both aconite and belladonna.

Hamamelis has been quite extensively used, and for some forms of hemorrhage, particularly venous and passive, it meets the case promptly. For varicose veins and ulcers it is very appropriate, and I have used it with splendid effect in cases of phlegmasia alba dolens. It is no doubt useful in other conditions, and we need a better proving.

Hydrastis canadensis is a remedy which, to my mind, is destined to take an important place in the treatment of various affections of mucous surfaces. English physicians speak highly of its beneficial effects in patients suffering from cancer. It is much used by some of them, both locally and internally, in the treatment of this malady. In conjunctivitis I have used it locally and internally with good results. In nasal catarrh I am using the third decimal dilution, and think it is proving highly beneficial when there is a constant discharge of thick white mucus from the nose, obstruction of the nasal passages, coryza with frontal headache. As a local application in some cases of diphtheria, also internally in the same disease, it has proved beneficial. For leucorrhœa and kindred affections of the mucous membrane it is a valuable remedy.

Iris versicolor is also a very valuable agent. This remedy has been considerably tested by Drs. Burt, Rowland and others, and the symptoms point to its application in several forms of disease. I have used it successfully for a headache affecting the right side, aggravated by rest, relieved by constant motion, accompanied by nausea, vomiting and lowness of spirits. Other remedies previously tried had failed. I have also used it with good results in the nausea and vomiting of pregnancy.

Iris has proved the best remedy I have yet found for an eczema, which is extremely prevalent, with great itching, especially at night, small fine eruptions which show black points after scratching, which has been called "prairie itch," "lake itch," "western itch."

I have used it internally generally and sometimes made a local application.

Leptandra virginiana has proved curative in some forms of dysentery, with black tar-like passages or the same stools in typhoid fevers. Its effects, so far as proved, are marked upon the abdominal organs and stool. It is also a remedy to be thought of in ague, I have no doubt a thorough proving would point strongly in this direction.

Phytolacca is an excellent remedy for some forms of rheumatism and for diphtheria particularly, after the acute inflammatory condition has been relieved by aconite, and the deposit in the throat seems slow to become detached. Also for mastitis with bryonia it will hardly ever fail to prevent suppuration.

Podopyllum you are acquainted with. It seems to me that it is a very valuable remedy.

Rumex crispus and sanguinaria are of use, but I have not time to speak particularly of all.

Senecio gracilis, for suppression of the menses, I have used with fine effect.

Sticta pulmonalis in the epidemic influenza the last spring, cured a large number of the cases in my practice very promptly. The indications are given by Dr. Boyce in Hale's first volume. Trillium I have used in a few cases with good effect in controlling hemorrhages after miscarriage or child birth.

Veratrum viride is another remedy destined, I believe, to take high rank in our materia medica. Its power of the heart's action and circulation is marked. In pneumonia in some fevers I have succeeded in bringing down the pulse and inducing perspiration, where I had utterly failed with aconite, bryonia, belladonna, and their analogues. Aside from this, I think it exercises a direct effect in pulmonary diseases. As an anti-spasmodic, it has strong power over the muscles and nerves of motion. In irritative remittent or bilious fevers, I often find it useful. In cerebral congestions it is a powerful remedy, and persons who have not used it in these cases will be astonished at its effects. In the congestions of children, arising from teething or congestions from alcoholic stimulants, it acts like a charm.

I, of course, have not given all the cases in which these remedies are applicable, I have only spoken of such things as have come to my mind in those cases in which I have used them. There are very many other conditions in which they are appropriate, and though probably

not all equally valuable, still I am confident that some among those mentioned, are worthy of a place among our polychrests when fully proved.

Here is certainly work enough for all, and I trust the time is not far distant when we shall be able to use these and many other remedies understandingly, and according to the unerring law of similars.

Each one can contribute his mite toward a more thorough knowledge of remedies, by giving the result of his experience in their use, or by provings upon himself or others. That we may all increase in knowledge and thereby add to our usefulness is our earnest desire. To aid in this as far as I am able, has been the object of this paper. If it shall contribute to this end I am satisfied.

Alcohol as a Medicine. By Edward Loomis, M. D., of Oneida.

I regret that I cannot bring to this task more thorough investigation, or be able, under the circumstances to make my thoughts more than suggestive upon this important subject.

For the purpose of discussing this topic I will divide it into the following propositions.

1st. Its direct or immediate effects upon the animal economy.

2d. Its secondary effects, or the consequences that result from its continued or habitual use.

3d. Its medicinal, or medical effects in disease.

4th. Its necessity.

Alcohol is regarded, with very little difference of opinion in the medical profession, as a highly diffusible stimulant when taken in moderate quantities; but when taken in large quantities, or in a concentrated form, its analogy to other *narcotics* is sufficiently obvious. Two laws, resulting from the stimulating effects of this agent (and it is this effect only that can properly be regarded as medicinal), are found, with few exceptions, universal in their operations.

First. Just in proportion as the system is elevated under its influence, above the true or natural standard, in the same proportion as the effects go off, does it sink below that standard.

Second. The necessity for its repetition, and that in increased amounts, is as certainly demanded.

We might, I think, with no little propriety, stop here, and challenge the advocates of the curative character of this agent, to disprove the above propositions or abandon the claims for it which they set up. These laws, at least, must be kept in view, and carefully

considered at every step of this discussion. It becomes important here to determine what is meant by the term stimulant. The life giving, vitalizing effects of food, the stimulating and grateful effects of which all so much need and enjoy, cannot be the kind of stimulus designed to be covered by the use of this term in this connection. No such results are realized from the proper use of food, but exactly the opposite. We are therefore furnished with a very different definition. We are told, and very justly, that it is best expressed by the use of the terms, "a spur," "a goad." This stimulant then may, and is fitly termed an artificial stimulant, extraordinary in its character as it is extraordinary in its effects, clearly making demands upon the reserved powers of the system—powers that are not designed to be used except in extraordinary emergencies—the use of which is always exhausting the vitality of the system, the consequences of which must always be estimated, and, if possible, provided against. It is in view of this law, or rather these laws, I apprehend, that Prof. Stillé in his materia medica, who not only advocates the general use of alcohol as a medicine, but claims for it also nutritive powers, declares that "nothing in fevers tends to exhaust the strength more rapidly than excessive quantities of alcoholic medicines."

It is proper that we should here consider the claim set up in some quarters that alcohol is "food, restricting the waste of the body, and, therefore, at least, indirectly sustaining its strength." The first question that arises under this assumption is, is it food? Does it assimilate with the solid portions of the body, supplying its natural wants, thereby adding to it bulk and efficiency? I believe the idea that this article is digested in the stomach, is at the present day pretty generally abandoned; at least, well known and well established facts clearly disprove any such conclusion. It is further well established that it is immediately, without undergoing any material change, on being received into the stomach, absorbed and conveyed to the mass of the blood; and the question consequently now arises, is there any agency in the blood, or within the circulating system that is susceptible of decomposing or reducing it to its original elements, thereby compelling it to abandon its purpose of evil and become subservient to the wants of the system? There are many serious if not insuperable objections to this supposition. It has been traced in the blood, in the bile, in the urine of the drinker. It is a fact too familiar to allow of controversy, that it is exhaled from both the lungs and the surface of the body. It has been found stowed away in its pure

state, in the ventricles of the brain, and blood drawn from the arm of the drunkard burned with a blue flame. The phenomena attending the spontaneous combustion of drunkards, examples of which are too numerous and well authenticated to permit a doubt of its reality, prove how thoroughly the body may become saturated or permeated with alcohol. That it does in some way become incorporated into the solid portions of the body cannot be disputed, when it is taken in quantities so large and so frequently repeated that it cannot be thrown off by the excretory organs. But the question yet arises, has it in any just sense been assimilated? Has its chemical character been really changed? Is there any agency or power in the blood to decompose it? He would be a bold man I imagine that would assert the affirmative of these questions. If this affirmation were true, why is it that men in training for the race, the would-be lords of the ring, and all who desire the highest degree of muscular agility and power, instinctively discard its use? Why is it that the total abstainer, all other things being equal, bear hardships and fatigue, changes of climate, malarial and epidemic diseases, severe accidents and surgical operations, better than alcohol drinkers? It seems to me that there can be but one answer to these questions and that is, that this agent is never in any true sense *assimilated;* that when incorporated with the solid portion of the body, so far as this may become an accomplished fact, but injures or destroys. It cannot, therefore, in any just sense of the word be regarded as food.

We come now to the second plea for its use, to wit.: "That it restrains the waste of the body, and, therefore, indirectly sustains its strength;" in other words, "that it supplies a portion of that carbonic acid and watery vapor, which, as a *necessity* of life, are constantly being given off by the lungs, thereby lessening the natural waste of the fat and tissues, diminishing in an equal degree the quantity of ordinary food, which is necessary to keep up the weight of the body."

It is pertinent to inquire here, why the constant giving off of this carbonic acid and watery vapor is a "necessity of life." It cannot be merely to furnish a neutralizing agent for the oxygen inhaled. It is universally held I believe, by all intelligent medical men of the present day, that, at all times, but especially in sickness, the purer the atmosphere inhaled, the richer in oxygen the better. That instead of being an agent deleterious and consuming, it is preeminently vitalizing and health giving. This carbonic acid and

watery vapor which is so constantly being thrown off, is material which is no longer useful; is in short, refuse material which to retain in the system is hurtful, and if its flow off by the natural process of respiration, be seriously interrupted, dangerous. Prof. J. W. Draper asserts that "the condition of life is such that carbonic acid cannot be permitted to accumulate in the system, and means, therefore, have to be resorted to for its removal;" he, also, adds "that a large proportion of carbonic acid in man is generated in the blood."

I need hardly add more to refute this absurd proposition, that the natural waste of the tissues is restrained and the strength sustained by retaining an agent in the system, which is constantly being given off as a "necessity of life." But as this is the main proposition upon which the advocates of the use of alcohol in consumption base their arguments, it may deserve some further notice. Dr. Liebig observes that, "when alcohol is mingled with fresh arterial blood, the red corpuscles, as may be seen with the microscope, shrink, and a portion of their contents *mingle with the liquor sanguinis*, while, at the same time the fluid darkens in color, so as to give it more or less of the *venous* aspect. Bouchardat found that when alcohol is introduced into the system in excess, precisely the same change takes place in the arteries; their contents become of a *venous* appearance. These red corpuscles, many millions of which exist in the blood, are engaged in carrying carbonic acid to the lungs to be discharged; and the effect of alcohol on them is to corrugate them and compel a "portion of their contents to mingle with the liquor sanguinis." Thus, this process of eliminating the carbonic acid, which cannot be safely allowed to accumulate, is disturbed, and, when carried to a sufficient extent, interrupted. This process is as essential to the health of the body as that the sewers of a great city be kept freely open. Thus the drinker, by the filth which accumulates, becomes a loathsome companion, and prostrates his mental and physical powers. This condition when perfected is intoxication—death. But to return for a moment to the question, is it decomposed in the lungs? is it assimilated? If this be so, then the atmosphere produces an effect upon it in the lungs, which it has not the least power to accomplish under other circumstances. One thing, from facts already referred to, is true, that a very large proportion of it is otherwise disposed of. The process of oxidation is certainly disturbed, as arterial blood becomes venous, and, if carried to excess, the surface of the body becomes livid by

the accumulation of carbonic acid gas, stertorous breathing sets in, indicating its poisonous effects upon the brain. How this important function, thus prostrated under the influence of this agent, can at the same time convert it into useful material, I leave others to prove, frankly admitting that it is a task entirely beyond my powers. If this article is not digested in the stomach, is not decomposed in the blood or lungs, then the assumption that it "restrains the waste of the system and sustains its strength," must be very "indirect," indeed.

Our second proposition: What are the morbid consequences which result from its use? This need not detain us long, although it embraces a chapter in its history that to every contemplative mind is truly appalling. From the days of Solomon, when "woe, sorrow, redness of eyes," and "wounds without cause," were the consequence of "tarrying long at the wine," down through all the ages until now, the sad and revolting trail of this enemy of our race has been well defined. It is not necessary for me to trouble you with any details of the evil consequences of the habitual use of this agent. Every practicing physician is, alas! too familiar with these details. But I may be told that the subject has nothing to do with the habitual use of alcohol. Then you must exclude from the argument that habitual drunkards do not die of consumption, and therefore it may be employed as a remedy in this disease, because in such cases is involved the habitual and long continued use of it.

Our third proposition is: What are its remedial effects in disease? Were it not for the facts already presented, this question would demand a much more critical and extensive examination than I can in this communication possibly give it. The pretentious claim set up for it in this respect are however, I imagine, the main reasons for this demand. The first question that arises under this head, it seems to me is, is it entitled to the character of a remedial agent at all? It is sometimes claimed for it that in this respect it is like other narcotics, tonics, and stimulants, such as arsenic, nux vomica, quinine, and belladonna. I do not so understand its nature or power. They have specific curative powers adapted to specific morbid conditions which they grapple with and remove. This has not; it is at the best only a general diffusible stimulant. It seems not to have any specific adaptation to the removal of disease, only as a stimulant, and as such it arouses temporarily the latent vital forces, affording an opportunity, at the best, however, full of doubt and hazard for the system, with suitable opportune helps to throw off its morbid condition. It is in short a

stimulant, a "whip," a "goad," a "spur," and as such doubtless may be used in great emergencies, when any other contingency would be disaster or death; to steer the wrecking bark safely past the whirlpools, or to save it from being dashed upon the rocks and quicksands it is approaching.

This is the extent of its power, and even here we are compelled to admit that many, very many of the attempts to use it, under such circumstances, have proved failures, and, to a great extent, disastrous failures. Not even the great law of "*simila similibus*" can so control its native malignity, as to make it subservient to any higher or more noble purpose.

It may be inquired, is it a promoter of digestion? A review of the facts already presented in this paper, leaves little to be said on this point. How can the most fruitful cause of indigestion become a promoter of digestion? Certainly not by its habitual application. How can an agent that disturbs all the organs of assimilation, be the means of securing assimilation? The proposition, in its very nature, is preposterous.

From all these considerations, therefore, we are forced, it seems to me, to the conclusion that alcohol has no claim at all to be ranked as a remedy; and further, that it occupies a low, very low place, under all circumstances, as an agent in disease.

But finally: Is it a necessity? Now, this question whether the good it is capable of doing, is not more than counterbalanced by the evil it is accomplishing in the hands of rash, inconsiderate and ignorant men, my answer would be most unhesitatingly and emphatically, no! Science has done much within the last half century to relieve us from the necessity for this agent. Many, very many articles now supply places formerly occupied by this; indeed, so little is this used at the present day by conscientious and well informed physicians, that it can hardly be regarded as a necessity, under any circumstances; and nothing is clearer than that, so far as medicine is concerned, its entire prohibition and abandonment would be a great public blessing.

You will pardon me, I know, if I add here my most unqualified condemnation of the practice of too many physicians who are, with shocking indiscrimination, using this agent. Such physicians must have poorly read their profession; must have a very poor idea of remedial agents who can thus unnecessarily thrust this dangerous agent into general practice, thereby tampering with the highest interests of their unsuspecting victims in the hour of their great strait, by such a cruel, vicious, and indefensible practice.

ARTICLE LXI.

Monroe County Medical Society.

Organized 1866. Annual meeting, second Monday in January; semi-annual meeting, second Monday in June.

A. OFFICERS AND MEMBERS.

B. BIOGRAPHICAL NOTICE OF MOSES M. MATTHEWS, M. D., OF ROCHESTER.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. G. W. Peer.

Vice-President.—Dr. Joseph A. Bigler.

Secretary and Treasurer.—Dr. W. M. L. Fiske.

Censors.—Drs. E. H. Hurd, J. P. Bigler, and Charles Sumner.

Delegates to the State Medical Society.—Drs. L. H. Reynolds, T. C. White, and G. W. Peer.

Committee on Credentials.—Drs. Charles Sumner, D. I. Chaffee, and J. C. Harrington.

Committee of Arrangements for Semi-annual Meeting of the State Society.—Drs. E. H. Hurd, G. W. Peer, L. H. Reynolds, T. C. White, and W. M. L. Fiske.

Members.

Drs. G. W. Peer, Washington Hall, corner Main street, Rochester.
Joseph A. Bigler, 16 North St. Paul street, "
William M. L. Fiske, 48 Plymouth avenue, "
Edwin H. Hurd, 42 North Sophia street, "
Charles Sumner, 16 South Clinton street, "
Theodore C. White, " "
James C. Harrington, 96 Main street, "
L. H. Reynolds, "
E. S. Preston, "
P. G. Clark, "
David I. Chaffee, Fairport.
C. H. Green, Brockport.
S. S. Skinner, Scottsville.
R. A. Adams, Churchville.
C. H. Thompson, Pittsford.

B.

Biographical Sketch of the late Dr. M. M. Matthews, of Rochester.

Dr. Moses M. Matthews was born in Benton, Yates county, N. Y., July 7th, 1809. He was a son of Rensselaer and Nancy Matthews. He studied medicine with Drs. Georgia and Hall, in Hector, Tompkins county, N. Y., and attended the first course of lectures delivered at the Medical College at Geneva, N. Y., Willard Parker, M. D., now of New York, being one of the professors. He received his diploma in 1835, and commenced the practice of medicine in Mecklenburgh; afterward moved to Naples, and in 1840 went to Canandaigua, forming soon after a partnership with Dr. Richard Wells of that place.

December 28th, 1841, he was married to Miss Catharine E. Wells, daughter of Dr. Wells. In 1842 he was induced to investigate homœopathy. With a prejudiced mind, but with a determination to give it a just and faithful examination, he made himself acquainted with its best authors, and became convinced of its superior merit in the treatment of disease; and, with moral courage sufficient to endure the taunts and jeers of his allopathic brethren, he became a homœopathist.

Denounced as a "quack and a knave," he was expelled from the Ontario Medical Society, of which, for seven years before, he had been an honored member.

In 1844 he moved to Rochester, N. Y., where he continued to practice homœopathy until his death. His early advantages were very limited, but he never ceased to be a student; seldom allowing a day to pass without devoting some portion of the time to professional studies and scientific research.

In meteorology he was much interested, and for the last ten years of his life made monthly reports to the Smithsonian Institute at Washington.

In fair weather and in storm, by day and by night, he was ceaseless and untiring in the discharge of his duty, and the poor and destitute never applied to him in vain for aid or medical skill.

In 1856 he was elected president of the New York State Homœopathic Medical Society. He was also a member of the American Institute of Homœopathy, and of the Monroe County Homœopathic Medical Society.

Dr. Matthews, in the fall of 1864, having a severe illness, which might soon return again, decided to relinquish the practice of his pro-

fession and give his attention to agriculture, and for that purpose left his home for Maryland with a view to a permanent settlement in a warmer climate.

It was upon his return from this journey that he received the injuries from which he died. In the last hours of his life he was attended by Professors Hering, Raue and Morgan of the Homœopathic College of Philadelphia, also by Dr. Wood, of the same place, and Dr. J. W. Dake, of western New York, who accompanied him upon his journey. He died among almost entire strangers, but received from all the kindest attentions one could have away from friends and home.

His death occurred at the Girard House, in Philadelphia, Saturday, November 23, 1867, from injuries received in attempting to enter a train of cars at Chester, Pa. At the time of his death he was fifty-eight years of age.

He was for many years a member of the Protestant Episcopal church. He was a worthy citizen and universally respected by a large circle of acquaintances.

He leaves a wife, a son and a daughter, who must ever mourn the loss of a husband so devoted and a father so kind and indulgent, ever ready to sacrifice his own pleasure and comfort for those he loved so tenderly, while his aged parents, who survive him, mourn a son upon whom they leaned for advice and counsel, in sickness and health.

ARTICLE LXII.

Montgomery County Medical Society.

Organized 1869. Embraces the Counties of Montgomery and Fulton. Annual meeting second Tuesday in May.

A. OFFICERS AND MEMBERS.
B. REPORT OF TRANSACTIONS:
PROCEEDINGS OF THE FIRST MEETING.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Thomas J. Pettit.
Vice-President.—Dr. James Gerrie.
Secretary and Treasurer.—Dr. Josephus H. Gunning.
Censors.—Drs. J. N. White, James Gerrie, and John L. Maxwell.
Delegates to the State Medical Society.—Drs. Thomas J. Pettit, and James Gerrie.

Members.

Drs. James Gerrie, Johnstown, Fulton county.
James Berry, Gloversville, "
G. J. Newton, " "
Josephus H. Gunning, Fonda, Montgomery county.
John L. Maxwell, Amsterdam, "
Thomas J. Pettit, Fort Plain, "
Joseph N. White, Amsterdam, "

B.

REPORT OF TRANSACTIONS FOR 1869.

Proceedings of the First Meeting.

The primary meeting of the Montgomery County Medical Society was held at Johnstown, February 4th, 1869. Dr. James Gerrie, of Johnstown, chairman.

Dr. J. H. Gunning, of Fonda, was elected secretary of the meeting.

A motion was made that the chairman appoint a committee on constitution and by-laws. Carried.

Drs. J. N. White, of Amsterdam, and T. J. Pettit, of Fort Plain, were appointed to act on that committee.

The constitution and by-laws were then drawn up and signed by the members present.

The Society then proceeded to the election of officers. See list.

Meeting adjourned.

ARTICLE LXIII.

New York County Medical Society.

Organized, 1857. Annual meeting, second Wednesday in November; regular meetings, second Wednesday of every month.

A. OFFICERS AND MEMBERS.

B. MISCELLANEOUS PAPERS:

PLACENTA PRÆVIA. BY HENRY D. PAINE, M. D.

CONSUMPTION IN AMERICA. BY A. R. MORGAN, M. D.

BROMIDE OF POTASSIUM. BY HENRY AVERY, M. D.

SOLID STETHOSCOPE OF WOOD. BY HENRY AVERY, M. D.

PULMONARY TUBERCULOSIS. BY HENRY N. AVERY, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. S. Lilienthal.

Vice-President.—Dr. F. W. Hunt.

Secretary.—Dr. Henry M. Smith.

Treasurer.—Dr. Henry C. Houghton.

Censors.—Drs. Carroll Dunham, T. F. Allen, R. McMurray, E. M. Kellogg, and H. D. Paine.

Delegates to the State Medical Society.—Drs. R. McMurray, B. F. Joslyn, J. McE. Wetmore, G. E. Belcher, T. F. Allen, C. T. Liebold, J. J. Mitchell, T. F. Smith, J. W. Dowling, J. B. Holtby, A. P. Throop, S. Lilienthal, W. Brinck, W. H. White, J. G. Baldwin, F. S. Bradford, and C. O. Ficht.

Committees.—Drs. Carroll Dunham, Joseph Finch, and Timothy F. Allen, on Materia Medica; Drs. Henry D. Paine, John A. Ward, and Ralph Blakelock, on Clinical Medicine; Drs. R. McMurray, B. F. Joslyn, and J. McE. Wetmore, on Physiology and Pathology; Drs. C. Th. Leibold, A. P. Throop, and Henry C. Houghton, on Surgery; Drs. Henry M. Smith, L. deV. Wilder, and B. F. Bowers, on Statistics; Drs. Samuel B. Barlow, F. S. Bradford, and H. M. Avery, Zyomoses; Drs. Edwin M. Kellogg, L. P. Burdick, and George D.

Belcher, on Obstetrics; Drs. F. W. Hunt, H. W. White, and J. W. Mitchell, on Insanity and Medical Jurisprudence.

Honorary Members.

Drs. Constantine Herring, Philadelphia, Pa.; David Wilson, London, England; John Epps, London, England, and John F. Gray, New York.

Corresponding Members.

Drs. C. W. Boyce, Auburn, and H. M. Paine, Albany.

Members.

Drs. Timothy F. Allen, 3 East 33d street, New York.
Joel R. Andrews, 52 West 29th street, "
Henry N. Avery, 122 East 27th street, "
Jared G. Baldwin, 22 East 24th street, "
Alonzo S. Ball, 43 West 11th street, "
William J. Baner, 234 Fourth avenue, "
Samuel B. Barlow, 55 East 21st street, "
Edward Bayard, 6 West 14th street, "
Jacob Beakley, Grammercy Park House, "
George E. Belcher, 43 East 21st street, "
Stephen J. Birdsall, 218 East Broadway, "
Ralph Blackelock, 262 West 24th street, "
Benjamin F. Bowers, 50 West 29th st., "
Frank S. Bradford, 112 Fourth ave., "
William Brinck, 55 East 21st street, "
Stephen P. Burdick, 303 West 34th st., "
Charles E. Campbell, 33 Third avenue, "
James A. Carmichael, "
C. F. Della Bella, 36 Union square, "
J. H. Demarest, 1981 Third avenue, "
John W. Dowling, 58 West 25th street, "
Carroll Dunham, 68 East 12th street, "
Joseph T. Evans, 33 East 31st street, "
Joseph Finch, 200 West 43d street, "
C. Otto Ficht, 469 Sixth avenue, "
James H. Forbes, 69 Seventh street, "
Edward B. Fowler, 22 West 29th st., "
Warren Freeman, 43 West 24th st., "

Drs. Edwin G. Freligh, 62 East 9th street, New York.
Martin Freligh, " "
Otto Fullgraff, 106 East 15th st., "
Hugh S. Gilbert, 23 Park avenue, "
John F. Gray, 22 West 29th street, "
Egbert Guernsey, 18 West 23d street, "
Samuel S. Guy, "
Lewis Hallock, 92 Madison avenue, "
J. B. Holtby, 116 East 20th street, "
William Horwitz, 27 West 9th street, "
A. Houghton.
Henry C. Houghton, 3 East 33d street, "
Franklin W. Hunt, 107 West 36th st., "
H. J. Jackson, 18 West 23d street, "
Holmes M. Jernagan, 110 Fourth ave., "
Silas Jones.
Benjamin F. Joslyn, 50 West 29th st., "
Edwin M. Kellogg, 21 East 20th street, "
Christopher Kiersted, 238 West 26th st., "
Oliver R. King, 163 West 22d street, "
Stephen R. Kirby, 31 W. Washington pl., "
C. Th. Liebold, 257 Fourth avenue, "
Samuel Lilienthal, 230 West 25th street, "
John S. Linsley, 148 East 39th street, "
Erastus E. Marcy, 26 East 22d street, "
William O. McDonald, 22 West 29th st., "
Robert McMurray, 192 Second avenue, "
Henry B. Millard, 7 East 27th street, "
Geo. B. I. Mitchell, ave. B, near 117th st., "
John W. Mitchell, 19 West 21st street, "
Henry D. Paine, 229 Fifth avenue, "
Miles W. Palmer, 235 East 18th street, "
Wilson Peterson, 36 East 31st street, "
A. Mandoy Piersons, East 125th street, "
Theodore Quick, 125th st., bet. 3d and 4th avs. "
Hamilton Rickaby, 258 West 42d street, "
T. S. Ring, 237 East 82d street, "
William D. Saxton, 146 East 55th street, "
J. V. F. Shoekel, "
Daniel D. Smith, 122 East 27th street, "

Drs. Henry M. Smith, 107 Fourth avenue, New York.
Thomas Franklin Smith, E. 128th street, "
Samuel W. Taylor, 36 Charlton street, "
Augustus P. Throop, 223 W. 34th street, "
John A. Ward, 20 East 21st street, "
Louis I. Warner, 39 East 19th street, "
Edwin West, 42 West Washington place, "
Joseph H. Westcott, 200 West 42d st., "
John McE. Wetmore, 278 Fourth ave., "
H. R. White, 39 East 22d street, "
W. Hanford White, 26 East 22d street, "
J. Ralsay White, 124th st., bet. 2d & 3d avs. "
Louis de V. Wilder, 213 W. 38th street, "

Placenta Prævia. By Henry D. Paine, M. D., New York.

Uterine hemorrhage in any form connected with pregnancy, or parturition, adds so immensely to the ordinary dangers of childbirth, both to the mother and her offspring, as, in the judgement of all writers and authorities, to constitute one of the most formidable and perilous complications that the obsterical practitioner has to confront.

If this is true of hemorrhage in general, it is especially true of those cases in which the flow arises from that malposition of the placenta which was selected as the subject of this paper.

It is not necessary, to recapitulate the reason for the peculiarly critical and dangerous character of this unfortunate condition of things. They are considered at length in the principal works on midwifery, and must be familiar to every physician, if not to every student. Indeed, the slightest reflection on the part of any one at all acquainted with the relations and functions of the uterus and placenta, must suffice to show him that the attachment of the latter to the lower part of the womb, so as to cover partially, or entirely, the os internum, instead of its usual situation in the fundus of the uterus, must sooner or later, in the process of paturition, give rise to symptoms of serious import.

Experience justifies the theoretical pre-judgment and the authoritative statements of obstetrical writers. The statistics of this form of complex labor show the appalling fact that, at least, one in three of the women, in which it occurs, perish, and more than half the children are still-born; a rate of mortality far greater in proportion than that of the most fatal of modern epidemics; and every physician

who has once found himself in charge of such a case, and watched the rapid ebb of that life which art seems well nigh powerless to stay, must ever carry with him a vivid, bnt sickening, recollection of placental hemorrhage.

And even though, happily, the prompt and skillful use of effective measures, or the efforts of nature, have brought about a more fortunate termination than occurs in the majority of cases, he will not be likely to forget, even in his self-gratulation and thankfulness, the minutes like hours of anxiety, and hours like days, overladen with the sense of responsibility and apprehension.

In regard to the causes, symptoms and diagnosis of placental presentation, I have not much to add to the usual statements of the books.

Of the cause of this unfavorable position of the placenta, we know, in fact, little or nothing; it is not difficult to imagine, however, that the ovum on its entrance into the uterine cavity may miss its lodgement in the decidua, near the point of its intrusion, and fall to the bottom of the womb, or in the neighborhood of the internal os. This accident may, and probably does, happen much more frequently than we are aware of; but as in the majority of cases this very position of the ovum, so near the outlet of the womb, must render it all the more liable to premature expulsion, and, as a consequence, greatly diminish the number of placental developments at the point of the uterine surface.

Of course, no one now believes the theory that was formerly universally accepted, that the placenta is always, in the first instance, planted at the fundus, but that it sometimes becomes, by the movements of the fœtus, a fall, a blow, or some other accident, dislodged from its original attachment and falls to a lower position, where it forms new connections with the uterine parietes.

This explanation of this placental misplacement was generally accepted, even till the middle of the last century, although doubts of its correctness were expressed by several writers during the forty or fifty years preceding. But so firmly settled was the old notion in the minds of the profession, that the more correct opinions expressed by Giffard, Roederer, Smellie, and one or two other authorities, made very little impression on the professional mind.

In 1775 Rigby published the first edition of his celebrated treatise on midwifery, in which he maintained the views of Giffard and others above named. The extensive popularity which this work soon

acquired, and the great deference paid to his opinions, pretty effectually uprooted the old theory.

It is more important to recognize the existence of this state of things, and to discriminate between hemorrhages resulting from it, and other floodings to which the pregnant or parturient state are liable, than to speculate upon the causes that have produced it.

But the symptomatic and diagnostic signs are so well understood as to make it scarcely worth while to dwell upon them at any length.

If the occurrence of sudden hemorrhage without warning, or preceding provocation, as a fall or shock, or great mental agitation, even perhaps while the patient is asleep, and recurring at intervals of a week, or two, during the latter months of pregnancy, increasing in frequency and severity as the term approaches, are not sufficient to confirm the suspicions which will have arisen in the mind of the medical attendant, the question can be, in most cases, effectually determined by a careful vaginal examination.

It will rarely, if ever, happen that after such discharges of blood as those alluded to have occurred, that the os uteri will maintain such a rigid contraction as to oppose the easy introduction of the finger and the detection of the placental mass, if situated over its interior opening.

In the books are given instructions for distinguishing between the placenta and a clot which might occupy the suspected position of the placenta; but there can seldom be any difficulty in deciding the question. The clot, however firm it may seem at first, is easily broken down, and it is not attached to the inner surface of the uterus, but lies loose; whereas the placenta presents to the finger a smoother, fibrous, lobulated structure, not easily penetrated by the finger, and closely attached within.

It is also to be remarked that accidental hemorrhage, or that form of flooding that arises from an accidental separation of a normally placed placenta, may occur at any period of the pregnancy; is generally the sequence of some physical injury, or violent mental emotion; is arrested by the occurrence of labor pains, and recurs afresh during the intervals; in these particulars differing from the class of cases under consideration. Hemorrhage from mal-position of the placenta —"unavoidable," so called—occurs only in the later months, comes on without warning, or previous injury, and is most profuse during the pains.

Attention to these diagnostic points, together with the

explorations already referred to, will serve to satisfy the physician in nearly all cases of uterine hemorrhage, as to which class any given case belongs.

In either event, the complication may be serious. In the case of placental presentation, it cannot but be so. Previous to the note of alarm given by the first sudden gush of blood, all may have gone well both with the mother and the child. She may have safely borne several children with only the usual and expected pains and suffering. She may have passed through the first six or seven months of gestation with no more than the common discomforts, and in good health and spirits; may be even cheerfully anticipating her approaching confinement. The fœtus may be healthy and vigorous, giving unmistakable evidence, by its growth and activity, of the maturity of its development and its capability of assuming the functions of extra uterine life. The mal-position of the placenta under consideration, appears not to produce any effect upon the health of the mother, or the development of the child; nor is the process of gestation in any way disturbed until within a few weeks of its completion. But about six or eight weeks before the estimated term, a sudden gush of blood, without warning or premonition, awakens alarm of immediate danger and apprehension of future trouble. The alarm is not without reason, and if the professional investigation, which is pretty sure to be invoked, shall result in the discovery of a placental presentation the prospect is, indeed, most critical.

In the first place there is danger of profuse and repeated hemorrhages, imperiling the lives both of mother and offspring, before the occurrence of the labor, exposes the patient to still more imminent jeopardy. During the earlier months of pregnancy, the development of the uterus and the growth of the placenta proceed with equal steps. In this development all parts of the uterus are equally affected, and it makes no apparent difference to what part of its internal surface the placenta happens to be attached. The changes which each organ undergoes maintain a strict relation to corresponding changes in the other. This mutual relation continues until about the beginning of the eighth month, and in normal positions of the placenta, throughout the whole pregnancy. But, as is now well understood, a new and peculiar development of the cervical position of the uterus takes place during the later months, in anticipation of the important part it has to perform in the process of parturition.

The evolution of the cervix, after the placenta has attained its

maximum of development, changes the relations that had previously existed between the juxtaposited organs, when the placenta happens to have attached itself to that part of the uterus, and a disturbance of the vascular connection and consequent hemorrhage is sure to ensue. As the development and expansion of the cervix proceed, the danger of more frequent and profuse flooding is increased, and it may be considered fortunate if the excitement and unwonted commotion aroused thereby, bring about an early effort on the part of the uterus to expel the fœtus before the patient shall have become utterly exhausted by the loss of blood.

In the second place, the unfortunate position of the placenta over the mouth of the womb, bars the only outlet for the escape of the fœtus, and the organ which has hitherto nourished and supported the child, now becomes the greatest obstacle to its safety.

In a case so fraught with danger on every hand, whether we interfere or whether we wait, each course has its peculiar dangers. It become then a serious question how the risks, which environs both mother and child, shall be diminished, and the few chances for either may, if possible, be increased. And this brings us to the important practical question of treatment which is doubtless the point of greatest interest on this occasion.

Although this malposition of the placenta was known to the ancients, even as early as the era of Hippocrates, and its perilous nature appreciated, no suggestions seem to have been ventured upon as to the possible advantage of any interference on the part of the attendant. So utterly hopeless were such cases considered, that they appear to have been by common consent, and at once given over to certain death so soon as discovered; consequently no directions are given in the older treatises on midwifery for the treatment of this form of presentation.

It was not until the end of the seventeenth century that the possibility of rendering any assistance in such cases, or mitigating the dangers that surround them, seems to have occurred to any of the profession.

Since the time of Portal, 1685, however, the subject has received more attention, and the course to be pursued in the management of unavoidable hemorrhage has been discussed by most writers on obstetrics. With the usual unanimity of the profession, several quite different modes of procedure have been proposed and practiced, each of which has found its zealous advocates and its equally decided opponents.

The modes of treatment adopted and advocated by those who have taught on the subject, have greatly varied in their character, the difference being partly according to the time at which the physician is supposed to be called, and partly according to the theoretical views, or the experiences of the several observers.

The few observations I have to make on the matter of treatment, relate chiefly to that momentous period in which the labor having actually begun, the process of dilatation of the uterine os advances with every pain, each contraction of the womb, and its consequent expansion of the os, ruptures a larger and larger number of the vascular connections between the placenta and the walls of the uterus, which, of course, is followed by a corresponding increase of the hemorrhage, with an iminent danger that before the termination of the labor by natural efforts, the woman, and probably the child too, will have sunk, either dead or moribund, from the loss of blood.

To hasten the labor, or to diminish the excessive hemorrhage, or both, are the objects to be accomplished.

Of the different plans having that end in view, in this great emergency, I will briefly mention those that have met with the most favorable reception, or have been claimed as offering the greatest advantages with the fewest dangers.

I do not include the use of the tampon, as that expedient rather belongs to an earlier period of the history of the case, and it can, at best be of only temporary benefit, delaying for a little, or quite as likely, concealing the hour of danger. Its use has, however, found advocates during the early period of parturition, in the hope that by means of the pressure upon the bleeding vessels the flow might be so much diminished, during that period of the labor, as to save the woman's strength for the more expulsive efforts.

But besides the objection that filling the vagina with a mass of wadding must necessarily interfere with such a watchful observation of the progress of the labor, and of the condition of the parts as so serious a complication requires, it has not been found effectual in controlling the hemorrhage, or preventing, or even delaying the dreaded result.

These two objections, I think, are a sufficient warrant for discarding the tampon from the list of proceedings proper in such cases, except in those hemorrhages that occur before the actual occurrence of labor.

A more philosophical course is that which has been practiced by

several obstetricans of eminence, such as Puzos, Bandelogue, Prefect, Lee, Ramsbotham, of puncturing the amnion and evacuating its fluid contents for the double purpose, first, of causing a contraction of the womb and thereby closing the vessels exposed by the separation of the placenta, in the same way as in natural labor the hemorrhage is prevented after the expulsion of the fœtus and placenta; and second, of hastening the completion of the labor.

In partial presentations of the placenta it may be possible to introduce the finger through the os, and passing beyond the edge of the overlapping placenta rupture the membranes in the usual manner.

In those cases, however, in which the presentation is more complete, it is recommended to pass a trocar directly through the placenta puncturing the membranes and allow the water to escape as in the operation of paracentesis.

This method is especially recommended for its feasibility in those cases in which the contraction and rigidity of the os precludes a resort to some of the other modes of procedure.

A considerable number of cases treated in this way, may be found scattered through the archives of the profession; and the proportion of favorable results has been claimed by its advocates as justifying their preference for it above all other methods. Still, it does not seem to have obtained the general confidence of the profession, or been adapted to any considerable extent in practice.

If effectual, it certainly greatly commends itself as the most simple and harmless of all the plans suggested, but even its warmest friends admit that its applicability and its advantages are limited, and there are certain objections that ought to be considered before giving it our unqualified approval, even in those cases where it seems most applicable.

If the placenta but partially covers the os, and the membrane can be reached by the finger, their rupture is very simple and easy proceeding, but if the use of a sharp instrument like a trocar is necessary to effect the puncture, there must be great danger of serious injury to the head of the fœtus.

The effect of the evacuation in producing contraction of the uterus is often very slight and of short duration.

The quantity of the amniotic fluid is sometimes very small, a few ounces, perhaps, and its evacuation, therefore, will make but little difference in the contents of the womb.

And even if the quantity is much greater, and a considerable

contraction of the uterine walls takes place as a consequence of its evacuation, with a corresponding diminution of the bleeding, it appears that the flow is very apt to return after a short time. As the labor progresses, the mouth of the womb is dilated, and a larger extent of the placental surface is separated from its attachment.

In a considerable number of cases, accordingly, it has been found necessary, on account of the return of dangerous hemorrhage, to resort to turning as a means of terminating the labor.

The increased difficulty of performing this operation, after the discharge of the waters, constitutes another objection of some importance to the plan under consideration.

A mode of procedure much more commonly resorted to, is that of terminating the labor artificially at the earliest moment it can be effected, by the operation just referred to, viz., prodalic version.

According to Dr. Dewees, "It is completely established that the only chance a woman has for her life is by a well timed and well conducted delivery in every case of placental presentation."

"When hemorrhage," says Dr. Denman, "from this cause comes on, though all women without proper assistance would not die, none are free from danger till they are delivered."

"As there is a very doubtful chance of the delivery by the pains of labor, and as experience has fully proved the frequent insufficiency of other methods intended to suppress the hemorrhage, how little reliance ought to be placed on them, though they are always to be tried. It is a practice established by high and multiplied authority, and sanctioned by success, to deliver woman by art in all cases of dangerous hemorrhage, without confiding in the resources of the constitution."

Dr. Conquest, in his Outlines of Midwifery, emphatically states, "that this is a case in which we ought never to confide in the powers of nature, because expulsatory uterine efforts only augment the peril of the patient, and therefore the hand must be bored through the substance, or, what is better, passed by the edge of the placenta, and the child turned."

Assuming that the judgment so confidently expressed by the eminent writers just quoted in favor of turning and delivering, is correct, there is still a difference among practitioners as to an important point in the procedure which has given rise to some controversy, and in reference to which there is a diversity of opinion among those who accept the general statement.

This is briefly stated by the last writer quoted, when he says: "The hand must be bored through the substance of the placenta, or passed by its edge and the child turned."

In cases of partial overlapping of the placenta, there can, of course, be no question as to the preferable course to follow: It would be quite unjustifiable to press the hand through the placenta when its edge can be reached and the hand passed into the cavity of the uterus by crowding it to one side.

But experience has pretty well demonstrated that, in by far the larger number of placental presentations, the mal-position is either central, or nearly so, and we are then obliged to decide which is the preferable course to adopt.

It must be confessed that the weight of numbers, if not of authority, is in favor of passing the hand between the placenta and the uterus, and some of high position have denounced the conduct of those who have adopted the other alternative in strong terms.

Dr. Dewees declares that "it is impossible to assign one single good reason for the practice (of forcing the hand through the placenta), and there are several very strong ones against it."

Although I find but few writers of formal treatises on obstetrics, who have committed themselves in favor of this practice, yet in a pretty extensive search through the medical journals, I have been pleased to find an unexpectedly large number of cases reported, in which that plan was adopted with gratifying success.

I say pleased, because having, in the first case that I ever had occasion to treat, fortunately, or if you will, accidentally, adopted the short cut of getting access to the interior of the womb by going through the placenta, and so reaching the fœtus not only without injury to the patient but with the child, I have been led by that success to follow the same course in such few other cases as it has been my fortune to come in contact with; and with results that have, on the whole, been such as to give me a strong predilection for that mode of action, notwithstanding the disfavor with which it is viewed by so many. It has been, therefore, not a little gratifying to find that the experience of a considerable number of observers has corresponded with my own.

But since the weight of powerful names has been opposed to the admissibility of this procedure in any case, and has, no doubt, prevented its more frequent adoption, it may be well to consider the objections that have been alleged against it. They are enumerated

by Dr. Dewees as follows, and present, at the first view, it must be confessed, an apparently formidable array:

"First. The loss of time it takes.

"Second. The placenta is rudely thrust away from the uterus, and so augments the hemorrhage.

"Third. The hole made by the hand is not large enough to admit the passage of the child.

"Fourth. In consequence, the placenta is entirely detached in extracting the child, and thus increases the bulk, while the flooding still continues.

"Fifth. The danger of the child is increased.

"Sixth. There is greater danger of atony of the uterus.

"Seventh. Very often the operation is simply impossible."

In reviewing these objections by the light of my own experience and that of others, whose observations I have collected, I cannot help thinking that they are, for the most part, based upon assumption, and have no foundation in fact.

Besides, the most of them apply with equal force, at least, to the alternative plan, which is the only one sanctioned by Dr. Dewees. The loss of time is no greater; the danger of thrusting away the placenta from the uterus is not so great; the danger to the child is less; the apprehended atony of the uterus is mere hypothesis. Where it is impracticable, the same will be found true of any other mode of effecting version. Where turning is possible at all, I believe it may be quite as easily, quickly and safely performed by this method as by the other, while the hemorrhage is more effectually checked by the body of the child acting as a plug as it passes through the placenta. The supposed obstacle to the labor from the detached placenta coming down with the child, is contradicted by experience.

On the whole, then, it may be maintained that, in that large class of cases where turning is possible and proper, with the placenta presenting centrally over the mouth of the uterus, perforation of that organ by the hand need not be declined on account of the disfavor with which it has been, and is, regarded by many influential writers. I cannot oppose to their theoretical assertions the results of a large experience, but still, my opportunities of observation have been sufficient to satisfy me of the untenableness of the objections that are generally urged against it; and, did the time allow, a large number of reported cases could be presented which would go far to show that the method referred to is not only as free from difficulty as the other,

but appears to be even more favorable in its results, as it certainly is more easy in practice.

The danger resulting from the entire separation of the placenta by the passage of the child, is proved by abundant experience to be much less than was formerly supposed.

And this brings us to the consideration of a fourth expedient that has been availed of for several years past by Dr. Kinderwood, of Manchester, and has within a recent period found strong advocates in Drs. Simpson and Radford.

You will understand me as referring to the plan of separating entirely the placenta from its attachments, and then leaving the case to nature, instead of attempting to turn the child or evacuate the waters.

It is asserted by those who have contended for this innovation that it is not only much more quickly and easily accomplished than version, but that it is immediately followed by a complete cessation of the hemorrhage.

The patient, no longer exhausted by the increasing loss of blood, may be suffered to rest undisturbed and the labor allowed to proceed without interference.

To explain this phenomenon of the sudden check of hemorrhage, after the separation of the placenta, so contrary to what would have been anticipated, Dr. Simpson, in an essay, written in 1844, propounds the theory that the principal source of blood in unavoidable hemorrhage is the placenta itself, and not the vessels of the uterus, as has been generally taken for granted.

If this doctrine, which was also taught by the late Professor Hamilton, of Edinburgh, is true, it is easy to understand why the attendant hemorrhage is immediately moderated, or entirely arrested, when the placenta is once thoroughly and completely separated from the interior of the uterus, as in the class of cases under consideration.

If the flooding proceeds from the detached and exposed surface of the placenta, and not from the denuded surface of the uterus, the placenta must cease to yield any new or additional quantity of maternal blood, as soon as its own vascular connections with the mother are destroyed.

I am not prepared, neither is there now time to present the anatomical or physiological considerations that have been adduced to corroborate this statement, or the arguments by which it has been opposed.

But whatever may be the true explanation, there seems to be no doubt of the fact that, in a great majority of cases in which the placenta has been accidentally or by design completely detached, the flow of blood has presently and almost entirely ceased.

I have had no experience of the fact, having been probably so far influenced by the disparaging assertions of many popular and received authorities who have thrown discredit upon this proposed method, as to have hesitated in resorting to it in any case that has come under my care; but I have been not a little surprised, during the last few months in which I have given more attention to the subject, to find how large a mass of testimony in its favor may be collected from current medical literature of the last few years.

It is evident, however, that there is generally prevalent an impression that, notwithstanding the favorable results, as shown by a considerable number of cases reported, the practice involves an unjustifiable risk.

My purpose in commencing this paper, was to go into an elaborate discussion of the merits and demerits of this plan of managing cases of unavoidable hemorrhage; but I have already extended my remarks to such length, that I feel obliged to content myself with this brief allusion to it.

Although the operation is so easily effected, and, according to Drs. Simpson, Kinderwood, Radford and others, so safely and advantageously performed, it is not claimed by them as a substitute in all cases for all other modes of treatment. It is still admitted by them that, in a certain number of cases, the evacuation of the waters will suffice, and that in many others, turning will be the appropriate expedient; but that, in those desperate and difficult cases where there is such an extreme state of exhaustion as to render the shock and delay of turning too great a risk to the mother, when the child is dead, or where there is some obstacle to extraction, that this method affords an additional chance of safety to the mother.

In those occasional cases, also, in which the flooding is profuse while the mouth of the womb is still rigid and undilatable, it may still be possible to arrest the hemorrhage and gain important time.

Such is a hasty statement of some of the principal points in the consideration of this subject. They could easily be extended indefinitely, but as they are merely intended as suggestions with which to open the proposed discussion, they have, I fear, occupied too large a portion of the time already.

Consumption in America. By A. R. Morgan, M. D.

The recent articles appearing in the *Atlantic Monthly* upon the above subject, are philanthropic movements in the right direction.

Ideas in regard to the causes and prevention of disease need wider dissemination among the people. Discussions upon those subjects should be popularized. Physicians have a broader scope of operations than is afforded by the limited field of therapeutics alone; yet the world is inclined to value "the doctor," more for his skill in curing than for his ability to instruct how to avoid disease. The latter being much the more important and useful qualification.

It is a grand and philanthropic undertaking to reach the people before they become patients, to lock the door before the treasure is lost; and this can most effectually be accomplished by disseminating intelligence in regard to the nature and causes of disease.

The public mind does not require, neither would it comprehend technical knowledge; but it needs information upon, and familiarity with, plain hygienic laws; this would result in decided advantage to both the physician and patient.

Diseases come from the transgression of law (as evil comes from disobedience), and men prefer to be saved in their sins, rather than *from* their sins, both physical and moral. They are inclined to apply to the doctor about as they appeal to the Deity, quite late in the day, after the mischief is done, or when they are suffering the penalty.

The first necessity is to know the way. Temporary obedience to the inflexible demands of hygienic law is not sufficient; we must cease to do evil *permanently* if we desire to evade a frowning Providence.

We must first learn to do well, *i. e.*, to avoid the causes of disease, if we desire to contemplate the smiling face of health.

The *Atlantic* articles on consumption are calculated to arrest attention, and set people to thinking. Most of the points are well sustained; yet in regard to the conclusion, that "a wet soil is a prolific source of consumption," we think the author's position untenable. This conclusion, when considered *per se*, is open to criticism and perhaps some modification; and a discussion of the subject by the Medical Society of the State of New York may draw out highly important facts bearing upon the subject. The prevalence of this fatal malady throughout certain latitudes is a significant fact; and while a wet soil, with its necessary concomitants (damp atmosphere, &c.), does exert an unquestionably destructive influence in one

climate or latitude, it by no means follows that the same rule prevails in other climates or latitudes; this, we think, can be demonstrated by taking a broad climatic survey.

The reference made in the said article to the United States census reports, conveys a very important suggestion which should not pass unheeded.

From this report, we learn that one-fourth of the annual deaths in the State of Massachusetts are caused by consumption, while in Louisiana the mortality from the same cause decreases to one-sixteenth, *i. e.* twenty-five per cent in Massachusetts to less than seven per cent in Louisiana.

A careful examination of statistics will show a gradually decreasing proportion in the ratio of deaths from this cause, as we go south; in the tropics, for instance, we find many localities entirely exempt from consumption, except from importation.

This proportion decreases as we go south, notwithstanding the existence of about an equal exposure to wet soil, to which we find both northern and southern habitations subjected.

If, as we go south, we find less exposure to wet soil and its concomitant influences than at the north, then Dr. Bowdich's position is confirmed; if not, we must look in some different direction for a solution of the problem.

Let us follow up this idea, of a wet soil being the principal predisposing cause of consumption, and see to what it would lead.

The writer of this article spent some months, a few years ago, at Hilo, on the island of Hawaii, one of the Sandwich Islands, a place renowned for its favorable climate for consumptives; yet Hilo is, probably more thoroughly enveloped in a moist atmosphere than any other spot on the face of the globe. The ground there is never dry, but is completely saturated with water in consequence of the almost continual fall of rain, which constantly drenches the windward side of the island, producing the rankest growth of vegetation to be found in the world.

The temperature of Hilo is mild and uniform, but dampness prevails.

This peculiar salubrity of climate in pulmonary affections is also found in other localities near the equator, where dryness of soil and atmosphere is a decidedly exceptional feature; take, for instance, the coast of China, a remarkably favorable climate for consumptives. Here we find wet weather predominating. All along the sea-board

the atmosphere is damp nearly all the year round. Take, also, the coast of South America where the same meteorological phenomenon presents itself, and we find the same very remarkable immunity from consumption. Now, while we would not underrate the influence of wet soil and damp atmosphere, as a serious predisposing cause of consumption in our northern climate, we are compelled to admit a different state of things in warmer latitudes; there dampness does not seem to act as a predisposing cause of consumption, and we must, therefore, seek some other or additional explanation for the prevalence of the disease in the north.

In pursuing the study of the effect of climate upon pulmonary affections, let us take for example that of San Francisco, California, where we find a dry and rainy season each year.

The winters are mild, and rain falls continuously; grass and herbage grow during the wet season; while on the contrary, the summer sky is rarely dimmed by a cloud. Vegetation withers, everything dries up, and the cool trade-winds prevail, rendering heavy clothing absolutely necessary in mid-summer. There exists a wet and comparatively warm winter; the summer dry and comparatively cool, and we find the dry summer months much more trying to weak lungs than those of the damp winter. Yet if we go further inland, where the coast range of mountains shelter us from the cool trade-winds, we shall find the summer months equally salubrious with the winter months. Again, take the climate of Minnesota, widely celebrated for its beneficial effects upon consumptives, so much so as to have received the appellation of the pulmonary hospital of the United States, where the winters are cold and dry, while the summers are hot and comparatively wet, and we find a more salutary influence exerted upon the unacclimated, in the latter than the former season.

We, therefore, are compelled to admit that a cold atmosphere has an important bearing upon this disease—yet, we are unable to attribute detrimental influence to cold alone, for we learn by experience that a uniformly cold climate exerts a beneficial influence rather than otherwise, especially when we are able to maintain the animal heat at its normal standard by proper food and clothing, as was markedly evident in the case of Dr. Kane, the Arctic explorer (himself a consumptive), and in other notable instances.

We also notice the fact, that people are more subject to pulmonary attacks during the unsettled weather of spring and fall, than during the more settled weather of winter and summer. This leads to the

inference, that *uniformity* of *temperature* is a desideratum, more important to the consumptives than even dry soil and atmosphere, and we therefore assume that a chilly or changeable climate, especially if damp, is particularly obnoxious to sensitive lungs. This sort of temperature drives the patient to the seclusion and impure air of illy ventilated rooms, and here we believe is to be found the chief predisposing cause of consumption.

The climate of New England and the Middle States is damp and chilly, especially along the sea-coast. The inhabitants are subjected to sudden fluctuations of temperature; they, much of the time, are shut up in close rooms, poisoned by effete and foul air; exposure out of doors, chills and confinement poisons. At the south, a different state of things present themselves. There is greater uniformity of temperature, though not necessarily a dry air or soil; but people live more in the pure fresh air. Windows and doors are open, and men and women are not stifled in close rooms. The *black hole* of Calcutta had its fearful and sudden victims, but not more certain death, than lingers by the firesides of a thousand homes scattered over the beautiful hills and valleys of New England and New York. Cold depresses the animal heat below its healthy normal standard, and when the vital processes are impaired, either by hereditary tendencies or other causes, the effects are detrimental. The pulmonary organs are the furnaces where vital heat is generated, and any cause or causes which interfere with their legitimate function, whether it be confinement in impure air, or improper food, or imperfect shelter and clothing, or exposure to sudden changes of temperature without reasonable protection, induces disease.

Cold is far more detrimental when combined with dampness; therefore, dry air in chilly latitudes is preferable, not air that is baked and burned, as it is in many of our modern furnaces, but air of a genial temperature, relieved of its superabundant moisture.

Dry localities at the north, in our latitude, are, doubtless, more favorable than wet, and the temperate zone more uncongenial than either the torrid or frigid zones. In the former, the depressing influences of cold are wanting; in the latter, the atmospheric vapors are turned to snow and water to ice.

The vicissitudes of our climate necessitate purer air in our homes, shops, schools and dwellings. And at this point it may be well to refer to a modern system of ventilation which seems to accomplish the object more perfectly than any other method. It consists in

introducing the warm air at the top of the room, and taking out the foul and heavier air from the base or floor, inverting long established ideas on the subject.

In the treatment of consumptives, pure air and a uniform temperature are the main things to be sought. Shun, as perilous, all means, from whatever source, which impairs the tone of the system; all or every agent which reduces the vital strength. These precautions are equally applicable to those who suspect the existence of an hereditary tendency toward consumption.

To ward off the disease, requires a life in strict conformity to hygienic laws, proper nourishment to keep the physiological repair of the system in advance of waste, pure air and protection so far as possible against sudden changes of temperature.

In the northern States avoid especially wet localities, with their damp and chilly exhalations. A damp and poorly ventilated cellar or room is as full of danger as the densest swamp reeking with malaria.

The consumptive should never live in the shade, neither of thick foliage, nor of heavy damp walls which exclude the heat and light of the sun.

He must live in the open or pure air, pursuing some occupation which does not cramp the chest; with these precautions faithfully observed, no one need despair of overcoming a decided hereditary tendency to consumption.

In regard to the contagiousness of the disease, an opinion which the *Atlantic* writer seems inclined to regard with some degree of favor, we feel that this opinion requires a larger stretch of credulity than the testimony at hand will warrant.

We believe that consumption is contagious only in the degree that nearly every chronic malady, to which humanity is subject, is contagious. The instances cited are not unparalleled in various other maladies when the idea of contagion would be regarded as preposterous; as, for instance, an individual suffering from some trivial nervous aberration, complains of bad feelings about the heart. This awakens forebodings of heart disease, which, if indulged in, may result in actual structural disorganization of that organ. So, also, with consumption, long continued depressing emotion, such as fear and conviction of the existence of lung disease, may ultimate in structural lesion, a morbid condition, which, with other surroundings, together with diversion, getting the patient away from himself, might be avoided.

Disease is often induced and perpetuated solely by consent of the invalid. Fear and anxiety are powerful auxiliaries to "the grim monster" while a tranquil state of mind and cheerful courage, with good sense in matters of hygiene, often exerts a more salutary influence than all the medicinal drugs in the laboratory of the most skillful pharmaceutist.

This phase of the healing art is, of late, attracting unusual attention; both the cause and cure of disease, to a large extent, comes within the domain of psychology or the mental field. The Jewish dispensation is rapidly passing away; modern physicians reject the ancient formula, "an eye for an eye, a tooth for a tooth;" and in its place employ the more potent, gentle and salutary influences of the mind.

The "*coming*" physician, unlike the Sangrado of the past, will be guided more by psychological methods.

Bromide of Potassium: Effects and Medical Use. By Henry N. Avery, A. M., M. D., Professor of Physiology in the New York Homœopathic Medical College.

Sir Charles Locock, in 1852, was the first to use the bromide of potassium in diseases of the cerebro-spinal system and hysterical affections. Subsequently Dr. E. Brown Séquard called attention to it in the United States. Previous to this it was used locally and internally, for glandular swellings and scrofulous affections.

This salt has an agreeable saline taste, and can be taken in doses of one to three drachms without materially affecting the stomach.

In doses of two or three drachms, its chief action appears to be upon the nerve-centers, hence it has been used by allopaths in those morbid conditions due to increased irritability of different parts of the brain and spinal marrow, such as insanity, melancholia, erotic excitement, epilepsy, tetanus, chorea, delirium tremens, and puerperal convulsions. In delirium tremens it has been used with success in doses of twenty grains every two or three hours. In all cases that require an anti-spasmodic and anti-convulsive it is recommended.

It possesses the power of acting as an anæsthetic to the mucous membranes. Use has been made of it in catheterization; the urethra is made insensible before the instrument is introduced; also, in operations for cleft palate, and in using the laryngoscope, the pharynx is made insensible by the previous use of the drug; and in operations upon the eye it has been found serviceable.

In whooping-cough, ulceration of the neck and mouth of the uterus,

neuralgia of the uterus, dysmenorrhœa, menorrhagia, and other uterine diseases, it has been used with success. In nausea, morning sickness, dependent upon pregnancy, and nervous sick headache, it has been recommended. For allaying the irritability of restless infants and children, it has been recommended highly. Dr. Case, (allopathist) at a meeting of the New York Medical Society, June, 1869, says that he has used it with great success in one hundred and thirty cases of summer complaints.

Effect of the Salt.—The acidity and coloring matters of the urine increase; the phosphoric and uric acids increase; the urea is not perceptibly affected; the fæces diminished in weight, and the carbonic acid of the lungs decreased. In large doses, it acts as an irritant, if not as a corrosive of the mucous membrane of the stomach; and, in very large doses, it also acts as a cardiac poison, exerting a direct paralytic influence on the excito-motory ganglia and the muscular substance of the heart. If the heart is once arrested by its direct influence, it does not recover or respond to mechanical or electrical influences. In moderate doses, the heart is not affected, but retains its force, frequency and rythm. It also acts, in large doses, as a poison on the centers of motion, sensation and reflex action; it resembles all the other salts of potash in its physiological and toxic effect.

Danger of using the Salts of Potash.—In using the iodide or bromide of potassium, they should never be combined with the chlorate of potash, for the reaction will produce the iodide and bromide of potash, which would be very active poisons.

The following results were obtained by M. Voisin, after experimenting upon seven cases, for three months, with daily doses:

Forty-five grains produced smarting in the back of the throat; a redness of the roof of the mouth and tonsils; œdema of the uvula and mucous membrane. The tip of the tongue reddened; a bristling of its papillæ, with a glossy, yellow coating of epithelium at its base. The tongue may become enlarged to double its natural size; pain in the gums.

In doses of two to two and a half drachms, epigastric heat; followed salivation, salty or sweet, and occasionally fetid; intoxication, with an injection of the conjunctiva, chemosis and dilatation of the pupils.

In doses of one drachm or a fraction over.

The nervous centers: Signs of depression; ideas embarrassed; incertitude of memory and reflection; general lethargy; words draw-

ing; inability to write; habitude of visage; drowsiness in the day after meals; tactile sensibility preserved.

Respiratory passages: Hoarseness and roughness of voice; dry cough; laryngeal constriction; aphonia; subcrepitant râles.

Circulating system: Pulse rarely accelerated or unsteady; usually diminished in frequency.

Muscular system, is variously affected; lethargy; gait irregular; stumbling; sometimes emaciation.

The skin: Acne, ecthyma and erythema; large, indolent, painful pustules; the latter quite characteristic.

Digestive organs: Appetite generally quite good; constipation; occasionally diarrhœa.

Genito-urinary organs: Inertia of the genital organs; urine increased; micturition, sometimes painful; elimination by the kidneys not very active, except after a persistent use.

The elimination of bromide of potassium from the kidneys is not in a constant ratio with the amount of salt exhibited. The salt will be detected in the urine for two or three weeks after the administration has ceased.

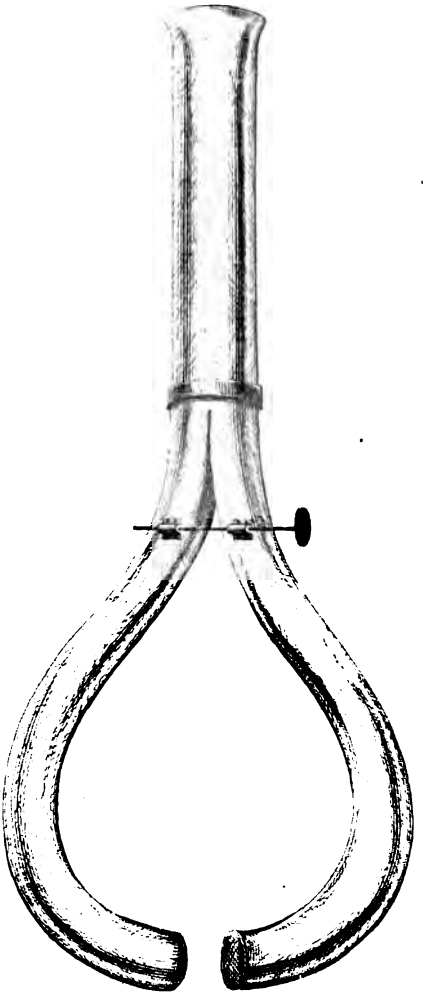
This drug has principally been used by the allopathic school, but, I think, the homœopathic physician will see sufficient in it to encourage him in a more extended proving than we have, and see if our allopathic brethren are not deriving their results homœopathically. I trust close observation will be made, and careful clinical results recorded for future use. There is scarcely a drug in the dispensatory that has such a strong hold on the old school as this; they are constantly praising it and employing it in some new direction. My own observation and clinical results lead me to believe that it will prove an important addition to our materia medica.

Solid Stethoscope of Wood. By Henry N. Avery, M. D., of New York.

To supply a cheap and simple stethoscope, to examine the chest, I have constructed the herein described.

The instruments constructed of tubes have some objections, the principal of which is the roaring sound that the examiner experiences when the ear is applied to the extremities of the tubes.

The advantages to be claimed for this are, simplicity of construction, cheapness and readiness of transmitting sound. It is a well-



Solid Stethoscope of Wood.
(¼ Size.)

known fact that sound is transmitted more readily through solids, as wood, than through space. This may be illustrated by applying a piece of wood to the ear and scratching the other end with a pin.

Fig. *A* represents a band of metal to prevent the wood from splitting below this point.

At *B* a metal band is secured around each piece and a screw arranged through loops on the top of each band, so as to accommodate the ear pieces to the ears.

The wood should be selected with care, and cut with reference to the grain. The band, *A*, is secured, and the long end introduced into a steam chamber. When thoroughly steamed, the wood should be split down to the band, and the two pieces bent in the manner exhibited in the accompanying engraving.

The wood may be either hard or soft; the former is preferred; and the shape and size according to individual taste.

It would be preferable to cut the wood with reference to the grain, so that there would be continuous fibers from one end to the other.

Pulmonary Tuberculosis. By Henry N. Avery, A. M., M. D., of New York.

To consider an important subject in a manner commensurate with its value to mankind, necessarily consumes much labor and time, and as the subject of consumption embraces such a wide field, it should occupy more space than I am able to grant it in this short practical treatise, but much has been condensed in this brief space, I trust the patient and student will not find it valueless.

This direful disease is moving its advance columns slowly on through the different States, and resting only beneath the cold and silent earth.

Every State in the Union has its story to relate, but perhaps no State or section can claim more victims to this direful disease, than New England; this seems to be its favorite resort, although all sections are afflicted by it.

During the fall of 1868 it was estimated that some twenty thousand invalids went south from the northern States, for a change of climate, and those twenty thousand embraced only those with ample means among the thousands suffering from pulmonary disease.

When will the community understand the importance of adopting means for the mitigation, and possibly the extermination of this disease?

If our fathers had understood the subject of physiology as related to consumption, no doubt much could have been done to prevent the transmission of this disease. And now that we understand its nature better, it is our duty to do what we can to prevent its further progress.

There is no doubt but that the profession understand the nature of tuberculosis, sufficiently at the present day to prevent its spread and increase.

If a person is suffering from the preliminary signs of this disease, it does not follow that he must die from it; on the contrary, he may hope to successfully combat it, and ultimately come off conqueror. conqueror.

In consumption, death is produced by the lungs being destroyed by a development of tubercles, and the general disturbance following such development.

At the International Medical Congress, held in Paris in 1867, two opposing opinions were presented as to the cause of consumption, so far as relates to the deposit of tubercles.

"One considers all the lesions of the tuberculous lung as dependent on tuberculosis; that these lesions have their seat in the inter-vesicular walls, or that they reside even in the interior of the vesicle. The other, the view generally adopted by the German pathologists, holds that tubercle exists exclusively in the wall of the vesicle; and the elements which fill the cell cavity are epithelial products of inflammatory origin, allied to what is called caseous pneumonia."

Niemayer holds that phthisis is not altogether an hereditary disease, but that it may be produced by traumatic causes; he says:

"No subject in pathology needs so thorough a reform as that of phthisis. In this field pathological anatomy is far in advance of clinical medicine. The majority of physicians and clinicists of the present day hold fast to Laennec's stand-point, that only one form of phthisis, viz., tubercular phthisis, is admissible. Up to the most recent times the proposition 'that phthisis is a constitutional malady, never developed from an acute or chronic pneumonia, never from a bronchial hemorrhage, and never from a neglected or latent catarrh,' has been taught from the pulpits downward as undeniable truth, and has exercised in practice an unfavorable influence both upon the prophylaxis and treatment of the disease.

"Laennec's dogma, that every case of phthisis is caused by a new formation, and that caverns in the lungs are due to the softening and

evacuation of this production, is based entirely upon an anatomical pathological hypothesis, which has since been fully refuted. The conclusions that Laennec drew therefrom are consequently no longer tenable. The oft-reiterated assertion, that a catarrh, from which phthisis is developed, or the pneumonia and pneumorrhagia so frequently preceding phthisis, are not primary, but secondary, due to the irritation of tubercle, is a proof that practical medicine has almost entirely ignored the advances in pathological anatomy."

"Tubercle, *in most cases, is unmistakably a late development, and complicates phthisis in an advanced stage.* In only a comparatively small number of these cases, in which tubercle is found in the lungs along with the products of chronic pneumonia, do the *post-mortem* appearances bring us to the result, *that the development of tubercle precedes the pneumonic processes.* In this form, which alone is properly termed tubercular consumption, the development of tubercle appears as a rule, as Virchow has shown, to proceed from the mucous membrane of the bronchi."

The pneumonia lying at the bottom of the cheesy infiltration and formation of vomicæ in the lung, does not differ from other forms of pneumonia. On the contrary, every form of pneumonia, under certain circumstances, may terminate in cheesy infiltration, while in no form is this the sole and constant termination.

There is no doubt that croupal pneumonia may give rise to cheesy infiltration of the lungs.

Acute catarrhal pneumonia arises from an acute catarrh of the finest bronchi extending into the alveoli. The lung tissue is solidified, not by fibrinous exudation, but by filling up of the alveoli with young, round cells. Under favorable circumstances these undergo the same changes as the fibrin in croupal pneumonia; in a few less favorable cases, the cell elements keep accumulating in the alveoli, the fatty metamorphosis, initiated in them, remains incomplete, the cells lose their rounded form, and shrivel up from loss of water into irregular shapes; while, at the same time, with the naked eye we notice the transformation of the shining, gray or reddish-gray, homogeneous thickening of long tissue into a dull, yellow, cheesy mass. Acute catarrhal pneumonia occurs most frequently during measles or hooping-cough. Cases of death, sometimes observed after these diseases, and attributed to tuberculosis, have, for the most part, their real ground *in the termination of an acute catarrhal pneumonia arising during the disease.*

Chronic catarrhal pneumonia is one of the most frequent diseases. I regard the name, chronic catarrhal pneumonia, as the only one appropriate to designate the thickening of the lungs, which has been specially described as infiltrated tuberculosis and gelatinous or tubercular infiltration, which has lately, with quite as much impropriety, been termed tubercular or cheesy pneumonia.

We must add to the statement that all forms of pneumonia may lead to cheesy infiltration, and the formation of vomicæ, that in these cases the danger of the addition thereto of tuberculosis is just the same, whether the cheesy products and vomicæ are the residue of a croupal or catarrhal pneumonia.

The reason chronic catarrhal pneumonia leads more frequently to tuberculosis lies solely in the fact that its products more frequently undergo the cheesy metamorphosis.

"From this representation it will be seen that I do not regard chronic pneumonia; and, since consumption is especially caused by chronic pneumonia, that I do not regard consumption as a particularly dangerous disease. In fact I do not hesitate to pronounce that the described inflammatory processes have a decided tendency to recovery, and, under suitable treatment, persons with extensive solidification and large vomicæ in the lungs may often be kept for a long period in an endurable condition, or even in relative good health. *The greatest danger of most consumptives is that they may become tuberculous.*"

The views generally entertained, that lung tuberculosis leads to secondary tuberculosis of the bowels, rests upon a false interpretation of the morbid appearance. To be sure we often find caverns in the lungs and ulcers in the bowels, i. e., *a complication of consumption of the lungs and bowels.* So, too, in many cases, where in the lungs, beside caverns and cheesy collections, miliary tubercle is present, the serous membrane around the ulcerations of the intestines is covered with tubercle. But it does not follow that the bowel affection is secondary to the lung disorder. On the contrary, cases are not rare in which an impartial consideration of the symptoms during life, and the *post-mortem* appearances, would lead to a directly opposite conclusion.

Though I am not inclined to extend the signification of "scrofulosis" too far, I still hold, that for certain by no means rare forms of intestinal ulcers which have usually been esteemed tuberculous, the designation "scrofulous ulceration of the bowels" is the only one

justified by circumstances. By a scrofulous ulcer we understand one determined by the inflammation and ulceration of a lymph gland enlarged by cell hyperplasy, which has usually undergone cheesy degeneration. These, we know, occur usually about the neck in company with the moist exanthemata of the scalp or face, with otorrhœa, diseases of the mucous membrane of the mouth, etc. They are characterized by great obstinacy, by encroachments upon the contiguous connective tissue, and by their irregular serrated borders. The intestinal ulcers in question unmistakably arise from the ulceration of the intestinal glands that have enlarged by cell hyperplasy and undergone cheesy degeneration. The swelling of these glands usually attends catarrh of the bowels in the same way as that of the cervical glands accompanies the moist exanthemata. These ulcers possess the obstinacy, the same tendency to invade the contiguous submucous tissues, and the same irregular serrated edges as scrofulous ulcers of external parts.

In children tuberculosis of the bowels is, as contrasted with tuberculosis of the lungs, a specially frequent disease, while in childhood, the scrofulous exanthemata, catarrh and ulcerations are likewise specially frequent; and we would further call attention to the facts that the ulcers of the bowels often bear the stamp of having existed for a long period; are often partially healed over; and that the mesenteric glands contain as a rule, chalky masses. Now for such ulcers we find the term "scrofulous" entirely in place. I do not, of course, mean to assert that all the intestinal ulcers which have been given out as secondary tubercular ulcers are really of scrofulous origin, but only wish to warn against confounding them with one another, and, *therefore*, add, that *we meet quite as frequently with entirely fresh eruptions of tubercle upon the serous coating of old scrofulous intestinal ulcers, as we do in the lungs in the neighborhood of old vomicæ.*

Strictly speaking, the *hereditary nature of tuberculosis* has not been proven. We are entitled only to speak of hereditary tuberculosis in those cases in which either father or mother, at the time conception took place, were tubercular, and where the child has not suffered from some disease leading to, but is attacked immediately by tuberculosis. In childhood, when tuberculosis of the lungs is rare, we can only adduce the pretty frequent occurrence of meningeal tubercle. But here, aside from the difficulty of proving that the parents of such children were really tuberculous at the time concep-

tion took place, it is only in the rarest cases that miliary tubercle of the meninges occurs as a primary development. I scarcely remember a case where, at the autopsy, cheesy bronchial glands, or other cheesy collections, were not discovered. Where adults become tuberculous, even when of notoriously tuberculous parents, the tuberculosis is almost always the last link in a chain of nutritive disturbances which influenced its origin. At the same time I must speak decidedly in favor of *an hereditary tendency to phthisis*, arising from weakness and vulnerability of the constitution, either directly inherited from the parents, or developed later through illness.

"To the proximate causes, we regard as belonging *all the injurious influences which give rise to catarrh of the bronchi and congestive hyperæmia of the lungs.* The latter may originate in excessive physical exertion. In my list of cases I have a number of examples when the first indication of phthisis followed immoderate dancing, or other similar excesses, without it being probable that a cold was taken at the same time.

Direct irritation of the lungs and bronchial mucous membrane by foreign bodies, plays an extremely important rôle among the proximate causes of phthisis. Of these foreign bodies *coagulated blood remaining behind in the bronchi and alveoli after hæmoptoë or pneumorrhagia,* has most frequently such an influence. *In most cases more or less violent irritation of the lungs and pluræ follows* after hæmoptoë. Since my attention has been drawn to this consecutive pleuro-pneumonia, I have found almost invariably upon the second or third day after the hemorrhage an increased temperature of the body, a frequent pulse, general disturbance of the system, more or less severe lancinating pains in the lateral regions of the thorax, and frequently fine râles, friction sounds, or a slight dullness, with diminished vesicular, or with bronchial breathing. I do not mean to say that pneumonia processes following hæmoptoë leave behind cheesy infiltrations terminating in phthisis in all, or even in most cases. On the contrary, resolution is the rule. Often, after a few days, all the symptoms disappear and the patient becomes convalescent. But in other cases the increased temperature and the frequent pulse persist for a long period. Slight pains are felt in the breast, and are ordinarily attributed by the patient to rheumatism. The respiration is accelerated, the patient coughs and expectorates muco-purulent sputa. If we now find dullness over more or less surface of the chest, feeble or bronchial respiratory murmurs, and

the patient wasting under a fever that continually augments in intensity, with evening exacerbations, and profuse night-sweats, we have reason to fear that the pneumonic infiltration has undergone the cheesy metamorphosis, and the patient become phthisical. With a reasonable absence of prejudice, we must in this way interpret most cases in which galloping consumption succeeds to a hemorrhage in a previously healthy man. I would, however, expressly state I am far from holding this to be the only relation existing between hæmoptoë and phthisis. I regard, on the contrary, hæmoptoë, especially one that takes place upon slight provocation, as in itself of evil omen. Indeed, we can confidently state that a patient who, among other symptoms, expectorates sputa, *enabling us to decide upon extensive destruction of the lung tissue, may not rarely be in less danger than one who is feverish, becomes weak and pale, and only expectorates the tough transparent sputa we have previously alluded to.*

A *hoarse voice, without resonance*, is among the most important signs of tubercular consumption, or a *complication of phthisis originating in inflammatory processes with tuberculosis.* The late appearance of these characters speaks in favor of a consecutive tuberculosis, but where they have been present from the commencement, and especially at the time in which the sputa is tough and transparent, and the chest upon examination shows no marked anomalies, there is reason to suspect primary tuberculosis."

As much as authors may differ as to the immediate cause of tuberculosis, I think they must all agree that delicate, badly nourished persons possess less power of resisting disease, and in such persons transitory cells are produced by inflammatory disturbances of nutrition. And that impaired digestion and assimilation are a prolific source of consumption.

All occupations that deprive one of fresh air and healthful exercise will be found sources of the disease.

Pathology of Tuberculosis.—The tubercle-cells are brittle, the contents somewhat granular, are easily ruptured and may be considered smaller than a white blood cell. Among the cluster of cells which form the tubercle is a faint stroma, the original connective tissue. In the lungs wherever connective tissue is found there tubercles may be developed.

Tubercle has the shortest life of any pathological product, it is born but to die. Though there is a limit to the size of the individual tubercle, there is no limit to the size of the masses that are formed by

agglomeration of tubercles, or to the number of tubercles that may be scattered through the body, they may be the expression of a general disease that may show itself in any connective tissue. Dr. Morton stated in 1834: "That the pathology of tubercular disease may be summed up in the following manner:

1. Tubercles are an altered secretion of the albuminous halitus proper to the cellular tissue* forming the parenchyma of organs.

2. Inflammation is not necessary to their development.

3. The cellular tissue which envelops and intersects tubercles, sooner or later takes on inflammation, and secretes pus; by which process the tubercular matter is eliminated, and an abscess is formed.†"

An early tendency to die is the characteristic mark of tubercle; degeneration may take place first at the center of the tubercle, gradually spread to the circumference, and give it the well known yellow color, yellow tubercle, when the whole particle softens and breaks down into a cheesy granular debris.

The softened tubercles and broken down tissue occur, we have a cavity or vomica; if the part diseased be a mucous membrane we may have an ulcer, the margin of which may be lined with the remaining tubercular matter.

To exhibit the different results of tubercle satisfactorily, and particularly for the benefit of students who are engaged in the study of this important subject, several plates have been introduced. In preparing these drawings, reference has been made to *Morton's Pathology*, to which I am greatly indebted, for the subjects. The explanation at the bottom of each plate is sufficient, I hope, to give a satisfactory definition to each representation. Space obliges me to confine myself to a resumè, rather than to an elaborate article; and for this reason I have introduced the illustrations, as they will exhibit at a glance what it certainly would take pages to describe.

* Dr. Carswell considers the *mucous membrane* to be the most usual seat of tubercular disease, in which opinion I cannot coincide; on the contrary, most of the examples which I at first glance referred to that tissue, I found on closer inspection to be contained in the subjacent cellular substance.

† Dr. Williams (Phys. Signs, p. 170) states in a note, that Dr. Lombard explains the softening of tubercular matter "by ascribing it to the living portions of tissue that (as he found) still pervade it." I have not been able to find Dr. Lombard's work in this city, none of our institutions being in possession of a copy. Dr. Williams does not state to what class the above mentioned portions of living tissue belong; but if Dr. Lombard alludes, as I can scarcely doubt, to the cellular membrane, then my observations, though made entirely independent of his, are confirmatory of the same pathological views. M. Andral appears also to adopt Dr. Lombard's opinion, without however, giving any satisfactory explanation of it.—*Anat. Path.* t. i.

Prevalence.—In New England, it seems equally distributed, and the disease decreases from north to south in the United States.

At present, it is the cause of nearly one-fourth of the deaths occurring every year in Massachusetts, and one-sixteenth of those in Louisiana.

Damp soil and locations have been regarded as a great source of consumption. Many houses and locations develop the disease, although the section may be singularly healthful.

The sites for villages and houses should always be selected with reference to this fact, or otherwise the neglect may produce many cases of consumption. In order to demonstrate this, it is only necessary to compare the extent to which the disease has progressed in different sections.

Compare the wet, damp region of the country on the sea coast to the high elevations of the Swiss mountains, the high plains of Mexico, some of the lofty valleys on the western slopes of the Andes, in South America, and similar places that are entirely free from consumption.

Statistics prove that the deaths from consumption in wet places are two or three times greater than in dry situations. Dr. Simon, of England, draws the following conclusions from his observations, "That dampness of the soil is a cause of phthisis to the population living upon it."

Is Tuberculosis Hereditary or Contagious?—A depraved constitution may be transmitted to children, but it does not follow that the disease must descend to, and destroy the off-spring.

It is frequently contagious through the exhalations; therefore, in the sleeping apartments, plenty of fresh air should always be provided.

As there are many cases where consumption has proven its contagiousness, the following should be borne in mind:

First. The consumptive should sleep alone.

Second. Let the attendant sleep in a room near at hand.

Third. Let the attendent exercise every day in the open air, taking the precaution to fill the lungs at the same time with fresh air.

*Condition of the Blood in Tuberculosis.**—If blood freshly drawn, be examined by the microscope, and particularly if examined in courrse of a few seconds after being drawn, fibrin filaments, in a

* This subject is more fully treated in an article upon the blood in tuberculosis, published in the eighth volume of Transactions.

complete state of formation, will be discovered, along with masses of granules, colorless corpuscles and crystals, and sporoid bodies. Soon the fibrin filaments will be seen forming in different directions, and entangling within its meshes, cells, granules, etc.

The fibrin filaments are formed from the fibrin cells that are organized in the arterial extremities of the spleen, and lacteals, and lymphatic glands, and all in a process of formation before they leave the glandular capillaries. The nucleus of the fibrin cell forms the blood disc, while the part of the cell outside of the nucleus is drawn out into a fine fibrin thread.

To the size and condition of the filaments, and difference of size of the net-work, we look for characteristic marks of disease; this difference may be owing to impaired nutrition and inefficient alimentation, or some disease, or poison, that alters the condition of the blood.

The filaments of healthy blood will be found to be smaller and less distinct, and the meshes of the network are larger to allow the blood to pass freely through them.

Pulmonary tuberculosis is frequently accompanied or preceded by diseases of the throat or nasal passages; in such cases we must look to the laryngoscope for our means of diagnosis. It is to the homœopathic physician that this instrument is destined to be of such great service. By its use we are able to decide when local applications are necessary in addition to constitutional remedies.

The instrument is also valuable for detecting foreign bodies in the throat and air passages, and we are frequently able to detect incipient phthisis by observing the condition of the mucous membrane of the pharynx and larynx.

Climate.—Where shall the invalid go? is one of the most difficult questions for the physician to answer. The different temperaments of invalids and the degree to which the disease has progressed, have to be taken into consideration. Some have experienced the most benefit in the cold, bracing air of the northwest; while others have been greatly improved by the uniform temperature of some of the southern States.

If the cause of tuberculosis is owing to defective nutrition itself, the result of a vitiated vitality, then a dry, cool, stimulating climate, and not a most, warm air, will be most likely to bring into action the languishing vital powers. The great object to accomplish, under all circumstances, is to strengthen and invigorate, not to soothe and calm. Warm weather produces languor, disinclines to exercise, destroys appetite, and engenders disgust for meat and oleaginous food.

Fig 1

Healthy Fibrin.

Fig 2

Fabrin in Rheumatism, the contracted Filaments entangling Corpuscles Crystals &c

Fig. 3

Fibrin Filaments of Pulmonary Tuberculosis entangling Corpuscles

Consumptive soldiers of the East and the West Indies, belonging to the French and English armies, are sent home to a temperate climate.

The extremes of cold and heat are not conducive to longevity. A temperate climate is the most desirable, where the temperature ranges from 55 deg. to 70 deg. Fahr. in the day, and from 45 deg. to 55 deg. in the night. This invigorates the system, stimulates to exercise, improves the appetite, strengthens the digestive organs, and rouses vitality.

A cold, moist air arrests the action of the skin, obliges the lungs to perform extra work, and is apt to cause influenzas, pleurisy, pneumonia, and bronchitis. It also deprives one of out-door exercise, which is so important in restoring lost strength.

When patients have made a change of climate, an important point should be borne in mind: that is, to keep the body uniformly and constantly covered with warm clothing. Even in a southern climate the sudden changes cannot otherwise be guarded against. Exposure to night and early morning air should be avoided.

In noting the advantages and disadvantages of various sections, I will point out different localties in the United States and Europe, that have been found to possess the most beneficial influence.

Dakota Territory.—Dakota Territory and the region of the Rocky mountains will suit a class of patients that expectorate freely, and are of a relaxed condition. The air is bracing and dry, though the high winds and poor water make it somewhat objectionable. The section is not entirely free from consumption, as the Indians are known to die with the disease frequently.

Texas.—The southwestern part of Texas possesses a very uniform climate; a mean winter temperature of 53.9 deg., and is free from swamps. The air is dry, cool and invigorating. A medical writer says of this region: "Here is a country of perpetual summer." * * * * * * "Are not all the climatic wants of the phthisical patient here fully met? Indeed, there is nothing on this continent or in Europe that can compare with it; even far-famed Italy must yield the palm to the 'Lone Star.'" The difficulty of reaching this section, and the impracticability of residing in cities, as the invalid would be obliged to do at present, are its objections.

Minnesota.—Minnesota and the region about Lake Superior, have many advocates. The climate of Minnesota has undergone a change within the past few years. More rain has fallen, and the air con-

tains more moisture. The intense cold of winter makes it objectionable; still there are many that resort to St. Paul, with decided benefit, particularly those afflicted with catarrhal and bronchial difficulties.

East Tennessee.—East Tennessee possesses a very equable climate. The region is elevated and mountainous; the winters are mild and the summers cool; the air is dry; and the thermometer seldom reaches eighty-five degrees in summer. The native population exhibit great physical development. The mortality from consumption is six per cent, while that of Michigan is fifteen per cent.

North Carolina.—The valley of western North Carolina is another very desirable locality. For instance, Ashville, a convenient spot, situated some 2,250 feet above tide-water. The winters are mild and summers cool. The maximum heat at Ashville, for the past ten years has been eighty-eight degrees, and the mean temperature seventy degrees. This section is praised very highly by those who have visited it. The mortality from consumption is very small, some three and one-half per cent of the entire deaths.

The soil is good and the water excellent. The advantages of this locality are, that it is situated in a valley, and is at a high elevation.

South Carolina.—Aiken, South Carolina, may be said to possess all the advantages that many consumptives require; mild climate, easy of access, good society, comfortable accommodations, and fair board. The air is exhilarating, easily breathed, and permeated with pitch-pine odor. No locality possesses so many advantages, and will suit the majority of invalids as well as Aiken. Out-of-door exercise can be taken most of the winter, without danger of contracting colds. The soil is sandy, and the ground is generally in good condition for walking and horse-back exercise.

Georgia.—Atlanta is a resort possessing many advantages. Good drives and walks, with pleasant society, render it attractive to the invalid. The climate is equable and air invigorating.

Elevated Localities.—Among the many desirable, elevated localities, may be mentioned Anahuac, Mexico, 9,000 feet above the sea; the Alps, in Switzerland; and the village Juja (called Huha), situated among the Andes in Peru.

Winter Resort.—Nassau, N. P., is a winter resort of great value, when the sea air is desired. The mild climate and bracing air are exceedingly desirable for those who require strengthening, and can bear the tonic effect of the sea air.

Good accommodations and excellent board can frequently be obtained in the families of some of the government officers.

Another winter resort in the United States, may be mentioned: the Hot Springs of Arkansas. The mild winters, and the medicinal waters, make it a valuable resort for invalids who have phthisis complicated with gout, rheumatism, or syphilis.

Summer Resort.—As a summer resort in the United States, no place possesses as many advantages as Saratoga Springs. The great number of medical springs gives the invalid a choice of remedial agents. The air is bracing and stimulating, being highly charged with ozone and permeated with the virtues of the pine forests on the north. The drives and walks are excellent; the society pleasant, and fine accommodations with excellent board can always be obtained at reasonable prices.

Sea-side Resort.—Those invalids that require the sea air, will find no place equal to St. Augustine, Fla. This is the most desirable place on the sea-shore in the United States.

For a sea-side resort during summer, Long Branch is desirable. Easy of access, good bathing, pleasant drives, and fine accommodations, render it very attractive.

Newport, and the islands off the coast of Maine, are pleasant and desirable retreats.

Europe.—Europe presents many points of interest to the consumptive. Baden-Baden, Weisbaden, Meran, and Botzen, in Germany, may be resorted to, in the winter months.

Mentone, Nice, Rome, Naples, Malaga, and Madeira, are all favorable spots. Mentone and Madeira are localities that will suit the majority of invalids, and are to be recommended in preference to the others.

For invalids that can spare the time and means, Upper Egypt offers decided advantages, as a permanent residence. The dry, stimulating air agrees with many invalids.

Next in importance for a winter residence is Madeira, with a mean temperature of sixty-four degrees. It offers many inducements in the first stage of consumption, and in cases of chronic bronchitis with a dry cough; also in cases of gout and nervous affections. The winters are pleasant, and springs mild.

As a preventive of consumption, and when a sea-air is required, Nice is a favorite spot.

When patients are troubled with looseness of bowels, and when a

strong sea air is necessary, Mentone is a desirable resort; but th invalid should leave there by the middle of March, to avoid the stron winds, for some inland residence, such as Rome, Pisa, or Pau.

Rome is a pleasant and desirable location for the spring month It is here that care should be exercised by sight-seeing invalids, fc the damp churches and other buildings are prolific sources of colc and disease.

For a summer residence Pau, situated near the Pyrenean waterin places, is attractive, as the summers are cool and bracing.

If a trip across the ocean is contemplated, the invalid should exe cise all possible care not to become too greatly reduced by sea-sic ness.

Preventive means and remedies will be given to suit such as a thus annoyed, under the head of treatment.

To sum up in brief; the points to be sought for, and objects to b obtained, are stated below:

1. A temperature moderately high, and of slight variableness.

2. Elevated localities, or valleys in mountainous regions, are th most desirable.

3. The air should be moderately moist, which is better than ver dry.

4. The locality should be protected by mountains, so that th atmosphere will not be disturbed by violent agitations.

5. The sky should be clear a greater portion of the time.

6. Good walks and drives are requisite, and society should b agreeable, so as to stimulate the patient.

7. The mind should have occupation, and amusements be afforde

8. It is when the powers of the patient have not been too muc reduced, that a change of climate is advisable.

9. A change of climate, without remedial agents to overcome tl diseased tendency, will produce but little benefit.

10. A change of climate should never be made without the advi of a physician.

Hygiene.—The subject of hygiene includes all the condition physical and mental, which are the most favorable for the develo ment of the human system.

Mental hygiene consists of quietude, suspension of business dutie and freedom from the cares and perplexities of life.

Physical hygiene embraces good and abundant nourishment, prop rest and exercise, a clean skin, and pure air.

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PULMONARY TUBERCULOSIS.

Miliary tubercles scattered over the surface of the lung. Small abscesses seen at different points.

PULMONARY TUBERCULOSIS.

Tubercles, after the lung has become hepatized from Pneumonia.

PULMONARY TUBERCULOSIS.

Crude Tubercles on the point of suppuration.
Encysted Abscess.

PULMONARY TUBERCULOSIS.

Crude Tubercles
Suppuration having taken place in some of the larger.

PULMONARY TUBERCULOSIS.

Encysted Calcareous concretion in centre.
A deposit of Melanosis (Black)
Hepatization taking place (Left side)
Gray induration (Right side)

PULMONARY TUBERCULOSIS.

Deposit of Colloid matter (Albumen) of jelly-like consistence.
Remains of blood vessels.

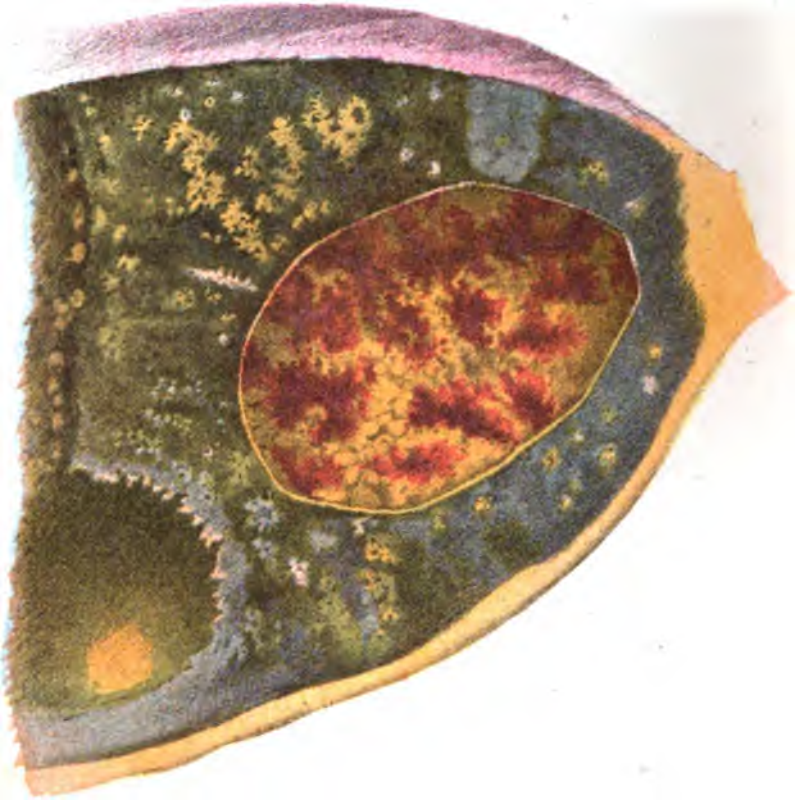
PULMONARY TUBERCULOSIS.

Funicular Abscess— Pus and tubercular matter.
Branches of Pulmonary Artery.

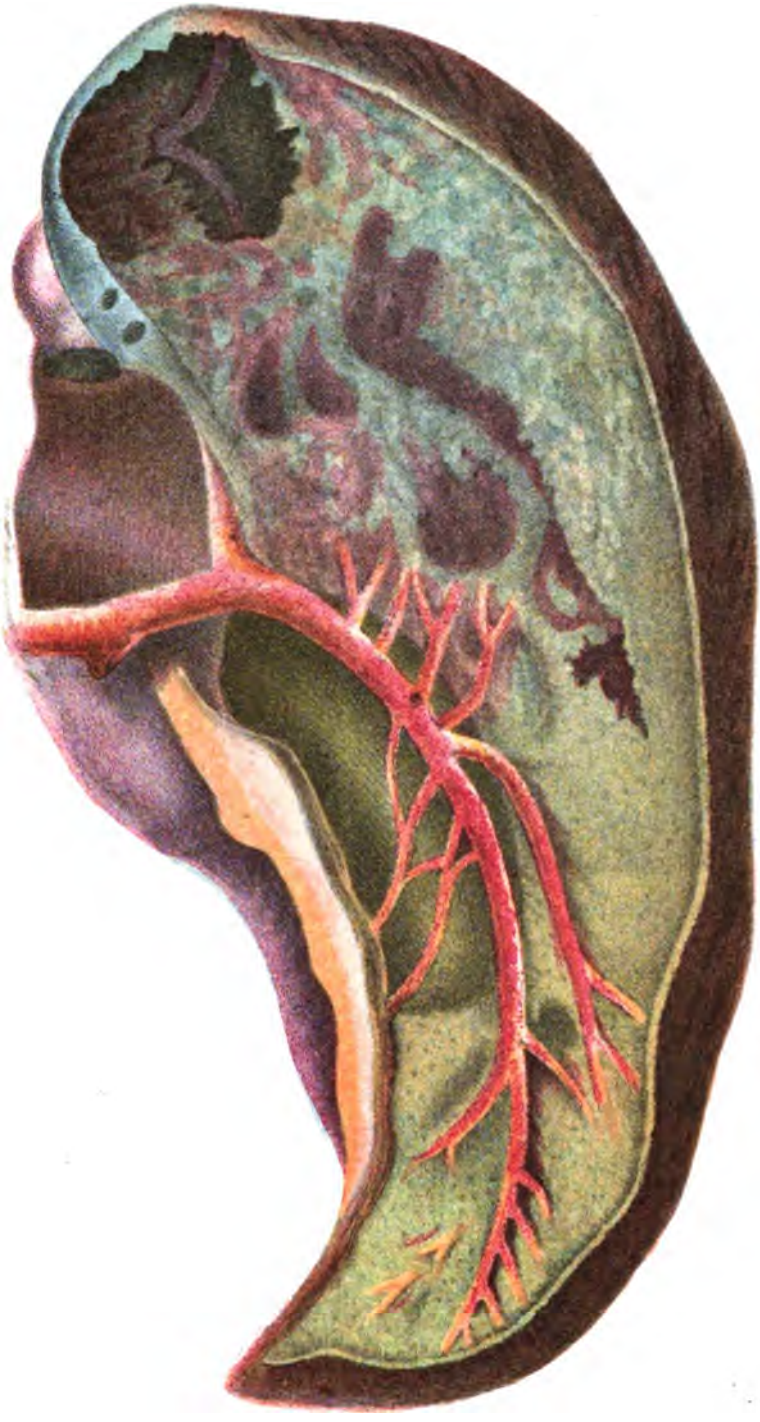
PULMONARY TUBERCULOSIS.

Engorged Lung.
Crude Tubercles.
Abscesses in different stages of formation.

PULMONARY TUBERCULOSIS.

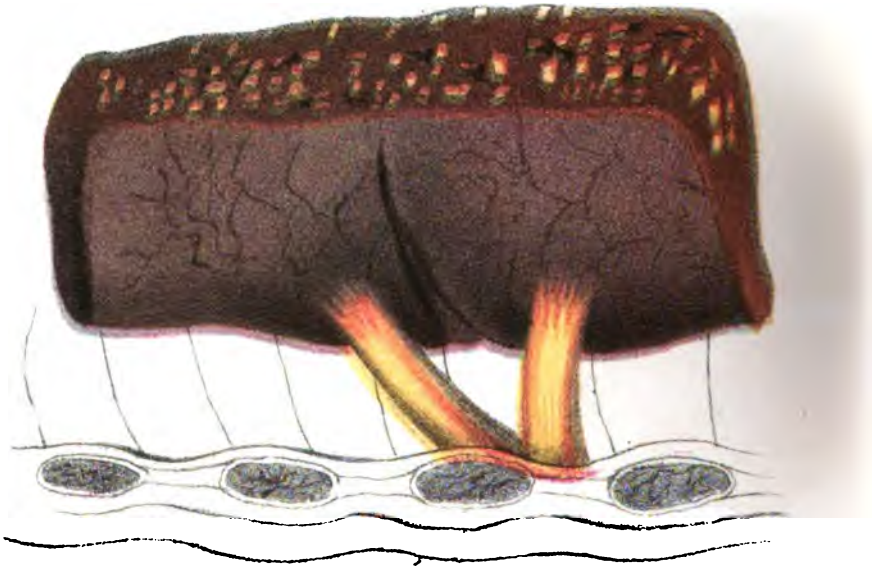


Encysted Abscess
Covered with vascular granulations.
A prolific source of hœmoptysis.



The morbid appearance of an ordinary tuberculous lung.
Gray tubercular solidified matter (Lower part)
Abscess (Central portion) Incipient gangrene (Upper part)

PULMONARY TUBERCULOSIS.



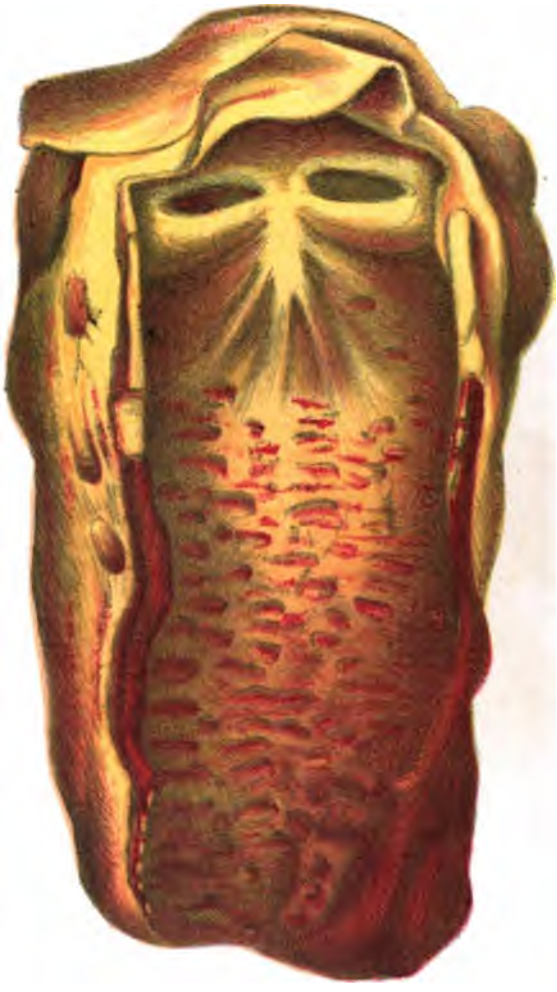
A portion of tuberculous lung, which in consequence of pneumothorax, has receded from the ribs.

PULMONARY TUBERCULOSIS.

A tuberculous lung.
Remains of an Abscess.
Cicatrization having taken place with fibro-cartilaginous matter.

Plate XIII.

PULMONARY TUBERCULOSIS.



The larynx and part of Trachea in a state of intense inflammation and ulceration.

PULMONARY TUBERCULOSIS.

The bronchial mucous membrane inflamed (bronchitis) Small white patches of ulceration.
The bronchial glands enlarged and containing calcareous concretions.

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When we consider that pulmonary consumption is the effect of defective nutrition, either hereditary or acquired, the importance of observing proper hygienic rules becomes manifest.

The importance to consumptives of breathing pure air, cannot be over-estimated. A large amount of oxygen is required, both day and night, to preserve vitality.

It is now conceded by many physiologists, that the amount of oxygen inhaled during sleep exceeds the quantity breathed in during the waking hours.

Each night the system stores up oxygen as fuel, to sustain the vital powers during the activity of the succeeding day.

All patients, at whatever stage of the disease, should have a plentiful supply of fresh air constantly passing through the room during sleep—themselves protected from the draft.

Dr. Bennett says, "Consumptive invalids stand ventilating as well as persons in health, and are no more liable to contract colds or influenza." We are all aware that plants under glass, too crowded and not well suppled with air, soon sicken and die.

The oppression for breath, or dyspnœa, that many experience, arises from an insufficiency of pure air. I would earnestly recommend all consumptive invalids to throw open the windows, and breathe plenty of pure, fresh air.

Perfumes of all kinds should be avoided. The habit of using cologne, camphor, ammonia, etc., is very injurious to persons with weak lungs.

The skin is an important agent in regulating the conditions of life. Through the pores, to a certain extent, the used-up carbonaceous and nitrogenous elements are thrown off. The strong odor of the cutaneous secretions shows this. The lungs and skin perform a large share of the excretory functions of the body. If the skin is dirty and the pores closed, the lungs have to do more work in eliminating the waste material of the body; then the lungs are overworked, and disease is the result. The best mode of preventing winter colds, is to keep the pores of the skin open by cold or tepid water baths, followed by friction over the surface.

I would confidently recommend consumptive patients, if strong enough, to use a sponge-bath, at a temperature of from sixty-two to sixty-eight degrees every morning.

The water may excite expectoration of the mucus collected in the

bronchial tubes, during the night; but it need not be attended with any alarm.

The question of exercise is one of the most important points we have to settle. I believe many patients are "walked to death." Moderate, rational exercise is all that is necessary.

How often it is, that the invalid is seen at some favorite resort, "striking out" for dear life, over a rough, hilly road, only to return exhausted, and at a loss of a large per centage of strength.

The consumptive invalid is often, during the existence of active disease, possessed of an abnormal amount of strength. As the excited brain of a fevered patient causes an undue amount of strength, so the phthisical invalid is stimulated by an excited and diseased condition of the system.

As the patient recovers from the influences of pulmonary consumption, it is nothing unusual to find him losing some of his unnatural strength; that is, a change takes place, from an artificial, excited state, to a natural condition. In the curative stage the false strength is gone; the true condition of the patient is exhibited.

Moderate exercise should be the rule. It should combine pleasure with duty; and may embrace slow riding on horse-back or in an open carriage; being rowed in a boat or moderate walking. The principal things to combine are, to remain in the open air and save muscular strength; for most of the strength of the system is required to perform the processes of digestion and assimilation of food.

Dr. Bodell comments upon this subject as follows:

"Experience has taught me that in coming to a decision on this vital question, the physician ought to be entirely guided by physiological reasoning; and that his advice will be right or wrong just in proportion as he is shrewd and discriminating in measuring the exact condition of his patient, in each particular case, and in the application of his physiological knowledge. The following leading facts must be borne in mind:

"1. That the labor of walking one mile (if the weight be 150 pounds) equals 17.678 foot-tons, equivalent to 51.295 British units of heat, the evolution of which requires the oxydation of 0.0566 oz. of carbon.

"2. That every one ounce of oxygen will combine with 0.375 oz. of carbon, the combination being accompanied by the evolution of 339.84 British units of heat, equivalent to 117.12 foot-tons of mechanical force.

"3. That fat is essential to histogenesis and to the protection of the

tissues from oxydation, that increased muscular exertion necessitates increased oxydation, and requires increased histogenesis.

"If the patient has lost enough fat to make an impression upon his strength, that is to say, if heat is being generated by the combustion of materials which ought to be available for mehanical force and histogenesis, it is madness to make any avoidable demand upon either mechanical force or histogenesis until all and more than the deficit fat has been restored; and it is equally wrong to increase the supply of oxygen to the blood beyond the smallest quantity consistent with life. If, while pouring fat into the blood, we could actually stop the supply of oxygen and stop the demand for renovation of tissue, mechanical force, and sensible heat, without arresting those phenomena upon which the maintenance of life and nutrition depend, we should have the patient as much under our control as we have the lamp, which we blow out while recharging it with oil, and thus save its wick from combustion.

"But although we cannot do this in the case of the patient, our object should be to approach as nearly to his condition as is consistent with the maintenance of life and nutrition."

Dr. Pollock gives the following graphic description of what is usually called the "premonitory stage" of ordinary consumption:

"We have now to consider the value of the earliest symptoms. When any physical signs of established deposit in the lungs are present, the disorder has ceased to be premonitory, and a certified lung disease is present. Stethoscopic evidence must, then, be excluded.

"The earliest symptoms are the coincidence of emaciation and the febrile condition, and wasting is in almost all instances the first. Its earliest manifestation is an absorption of the adipose tissue, and a thinning of the muscles. Its diagnostic character depends on the absence of sufficient cause. The appetite may be good, the secretions regular, the supply of food abundant. There may be no drain on the system, yet emaciation beyond the lowest average of the individual steadily proceeds. This emaciation is more marked in individuals of middle life in whom the processes of nutrition have long been impaired; but it is also, as we believe, present in all cases of phthisis, excepting those of the most acute form. It is more marked in those who have been previously stout, and more perilous. It is progressive and not recovered from; and it is thus distinguishable from the transient alterations in weight dependent on seasons of the year, variations in diet and exercise, etc., which many undergo harmlessly.

The sensation of weakness is also greater than in these latter. The absence of any preceding acute disease should of course be ascertained. Dyspepsia, in its various forms, may reduce the weight, and it will be necessary to distinguish the functional gastric disorder from that which so commonly attends all stages of acute phthisis.

"Wasting alone is not sufficient to alarm. It is the coincidence of this symptom with the febrile state which indicates organic mischief. Dry heat, chills in the afternoon, and occasional intermitting perspirations, with an accelerated pulse, uniformly too high, but increased toward evening, form a group of characteristic symptoms.

"If to the foregoing we add a general feeling of *malaise*, of depressed nervous power, and of insufficiency for the requirements of business or the daily occupations of the patient, we shall have a sum of vital phenomena, inconclusive it is true as regards the actual seat of the organic mischief, but indicative of blood changes of a serious character.

"Some local symptoms may at this time exist, as cough, dyspnœa, pain in the sub-clavicular regions, and hæmoptysis; but they are rarely present unless the physical signs of deposit in the lung are sufficiently established to be recognizable by a skilled observer. They do not, therefore, enter into our present considerations.

"Dr. Edward Smith sees in the *lessened respiration* attending the earliest stages of consumption, the cause of tubercle. He says: 'It has been proved that the essential feature of phthisis is lessened action of the lungs in general, and of the air vesicles in particular.' He speaks of 'tubercle and lessened vital processes due to lessened inspiratory action of the air vesicles of the lung.' And he sees the cure in all means by which respiration is increased. 'The essential treatment is to increase respiration.' While fully admitting with Dr. Smith that in early phthisis respiration is diminished, I believe that he is totally wrong in his interpretation of its meaning. It is a law of animal nature to save a tender part. And I see in the attempt at lessened respiration in early phthisis an example of the operation of this law. The blood in the pulmonary circulation is deficient in the materials which the inhaled air seeks. The delicate texture of the lungs is exposed to injury by the air, through deficiency in its usual protection of fatty blood, and nature comes to the rescue by attempting to diminish the quantity of air that is brought into the unprotected lungs, just as she cuts off the access of light from the inflamed retina of the eye by closing the iris or the lid.

"My recent experiments upon myself have proved that walking in health at one mile per hour, increases the respiration from 500 cubic inches to 800 cubic inches per minute; at two miles per hour, to 1,000 cubic inches; at three miles per hour, to 1,600 cubic inches; and at four miles per hour, to 2,300 cubic inches per minute. The depth of inspiration is likewise increased from thirty-five cubic inches to 100 cubic inches per respiration; and hence both the mechanical distension of the lung, and the chemical and physical changes of respiration, are greatly increased.

"Riding in a carriage increases respiration, but the degree varies with the oscillation of the carriage. In an omnibus the increase is fully half of the original quantity. On horseback, at a walking pace, the increase is more than half; in trotting, three and a half times; and cantering, three times the original quantity.

"Of all the modes whereby the respiration is increased there are but two which do not, at the same time, increase the rate of pulsation, viz., the voluntary deep inspiration and cold bathing.

"Walking at the rate of four miles per hour will increase the rate of pulsation to about 130 per minute, and even in gentle exercise there is some increase in the rate of pulsation."

Food.—In studying the nature of the human system, we find there are two classes of individuals, so far as relates to the powers of the digestive functions.

One class, whose vitality endows them with strong, rapid digestive organs. Another class, whose nutritive system is defective, and whose powers of digestion are slow and weak. The former are capable of digesting rapidly a large proportion of vegetable and animal food; while the latter can dispose of only a small supply of either the one or the other, and digest slowly. This fact shows the importance of limiting the supply to the capabilities of each individual case.

As the nourishment and strength of the body, as well as the power of resisting the inroad of disease, depend upon the food digested, it will be seen what a vast amount of importance should be attached to the proper condition of the organs of digestion.

Some require food three times a day; others more frequently. The *individual* should be the guide.

As no specific has yet been discovered that will cure consumption, it remains for the invalid to adopt hygienic rules and therapeutical agents, if any relief is expected. Many physicians have considered

cod liver oil a valuable agent in treating consumption, and as it is more of a nutriment than a medicine, I give place to the opinions of a few physicians. Dr. Bennet says:

"The question naturally presents itself, if cod liver oil undoubtedly exercises a beneficial, and even curative influence on pulmonary tuberculosis, why and how does it produce this effect? Chemical analysis of fish oil does not give a clue; for the amount of iodine and bromine discovered is so infinitesimal that we can hardly admit that theirs is the potent influence; especially when we find that, administered alone, the therapeutical effect is not produced. To discover the clue, we must fall back upon physiology.

"It is now generally admitted by physiologists that fatty substances, if not absolutely essential to digestion and nutrition, exercise a most beneficial influence over these processes; indeed, nature appears to have placed fats within the reach of man all over the world, and to have implanted an instinctive craving for them in mankind. In northern climates, the natives consume largely fish-oils alone, or with their food; in temperate climates, butter and meat fats take their place; while in sub-tropical regions vegetable oils, such as olive-oil, form an important element of the food. Even in the tropics there is the palm-oil, and ghee or butter, to satisfy the absolute want of fatty substances. From physiological requirements to those of the morbid condition of nutrition which constitutes tuberculosis there is only a step, which observation has made. It has been long remarked that in these morbid conditions of the human economy a larger amount of fatty nutritive elements than is usually required becomes a means of restoring nutrition to a more healthy state, and that these fatty elements become, positively, therapeutical agencies.

"If this view of the action of cod-liver oil is the correct one, if in giving it we are merely ministering, in an exaggerated degree for therapeutical purposes, to a natural health requirement, any fatty substance would have the same result. Within certain limits I believe that such is the case; cream, fat meat, vegetable oils, bacon, butter, all answer the physiological condition, and I invariably give them, if possible, when the patient's stomach cannot bear the fish-oil. But I also believe, with the rest of the profession, that the fish-oil is the best, is the easiest digested and assimilated, and is the fat to which the stomach gets the soonest reconciled, and which it can take the longest. I myself took an ounce and a half a day for five years without intermission, at last with pleasure, and always with benefit to the

digestive processes. A medical friend of mine, well known to the profession, who has, like myself, saved his life by the combined influences of hygiene, climate, and physic, could never take cod-liver oil; 'but then,' says he, 'I took fabulous quantities of butter with my meals.'

"It is a known and admitted fact, that the greater number of those who now recover from phthisis are persons who have taken cod-liver oil. This fact certainly redounds to the credit of the remedy, but it must be remembered that those only can take it in whom the digestive organs are in a sound condition naturally, or in whom they have been restored to a sound condition by proper medical treatment. Women in whom uterine disease sympathetically produces nausea and sickness, those who are suffering from chronic dyspepsia, or from chronic liver or kidney disease, generally speaking, cannot take the fish-oil; it nauseates them, makes them sick, and destroys their appetite, as often do all other fatty substances. Thus, the recovery of those who can, and do, take cod-liver oil, may be not so much because they take it, as that their digestive system is sound, and that they can take and digest fat and plenty of good nourishing food besides. On the other hand, those who cannot take the oil, and die, may die not so much because they do not take the oil remedy as that their digestive system is bad, and cannot be restored to a healthy state, so as to admit of the food-cure.

"The undoubted improvement of the majority of the consumptive patients who can take cod-liver oil or other fats, in health, in strength, and in condition, has received additional and most valuable explanation and confirmation from some recent interesting physiological experiments. These experiments have been made during the last year by Dr. E. Smith, the Rev. Prof. Houghton, Dr. Frankland, and Professors Fick and Wislicenus, of Zurich, with a view to arrive at a clearer notion than we had before respecting the origin of the power shown or spent by animated beings. They have been carried on under the influence of modern views respecting the correlation of physical forces, and the doctrine of the conservation of force and of the equivalency of heat and mechanical force. The generally received physiological idea of nutrition is, that nitrogenous or albuminous food, by the process of assimilation, is transformed into muscle and force; whereas carbonaceous, fatty, amylaceous food, is burnt, and generates animal heat. The experimentalists whom I have quoted appear to have satisfactorily established that the production of the muscular

power spent by animals and man is not so much to be attributed to the assimilation of nitrogenous food as to the slow combustion of carbonaceous food. According to this theory, the formation of animal heat, by the combustion of carbon is attended with the devolopment of "force," of which the muscles may possibly be only the instruments, not the producers.

"This view may be familiarly explained by the steam-engine; the latter, in burning coal, does not only produce heat, but power; the power that drags the train along. In a more obscure, but equally evident manner, the slow combustion of food in the process of nutrition is attended with the development not only of heat, but of power—force. If the above views are correct, it would follow, singular as the statement appears, that more power or strength is to be got out of fat than out of meat or muscular tissue; and this really seems to be the case. Tyrolese chamois hunters find that they can endure greater fatigue on beef fat than on the same weight of lean meat; and accordingly, when about to absent themselves for several days in the mountains, they take beef fat with them instead of meat.

"Thus is explained the craving of mankind for fatty food, and for carbonaceous food generally. Thus is illustrated the generally acknowledged physiological principle, that man is omnivorous, and is also explained the strength of the rice-eating Hindoo, and of the potato-eating Irishman. A rational dietary is evidently the one in which nitrogenous and carbonaceous food are mingled in due proportion.

"Lastly, we may safely conclude that fats are not 'bilious,' they are not bile producers, as popularly believed, but that the inability to digest them is merely an evidence of defective, or of weak and easily disturbed digestive powers. The great majority of those whose digestive system is in good order digest fats with the greatest ease, and that in large quantities. The dislike so often shown to fat by persons in good health is often merely a result of education—of mothers most foolishly and erroneously picking out the fat from their children's food in early life 'as unwholesome and bilious.'"

The best quality of cod-liver oil should be selected. The high price affords many temptations for adulteration. That which is known as the de-odorized oil is preferable, as some of the disagreeable odor is removed.

The quantity should be a teaspoonful twice a day, to commence with, and gradually increased to a tablespoonful. The quantity may be confined to a teaspoonful for several months.

The continuance of the oil should be persevered in, even months and years, or otherwise no beneficial effects can be expected.

It is taken with the best results after breakfast and tea.

As the oleaginous substances taken into the system are digested by the secretions of the pancreas, the necessity of a proper amount of pancreatic fluid will be obvious.

Frequently it occurs that the supply of pancreatic fluid is deficient, from a deranged condition of the system. Then it is necessary to give some agent that will assist in the proper assimilation of the oil. For that purpose a small amount of a mixture of one part sulphuric ether and ten parts water may be taken.

For convenience, a preparation known as etherized cod-liver oil has been prepared; if, of reliable manufacture, it may be used.

From the fact that cod-liver oil nauseates many invalids, it is necessary frequently to devise some means whereby that objection may be removed.

For the use of such persons, we would suggest the following: For most cases, any of the agreeable bitter tinctures or aromatics will suffice: as tincture of gentian, ginger, orange-peel, or infusion of quasia, cinchona, wild-cherry bark, or an emulsion with sugar and gum arabic or eggs. Some pour a little porter in a glass and then add oil, covering with the froth.

The essential oil of bitter almonds, in the proportion of one part to two hundred of cod-liver oil, will disguise the latter. With isinglass, it has been added as a jelly.

The whole dose of oil and vehicle should not exceed a tablespoonful at a time.

In connection with the oil and vehicle, it is found advisable, frequently, to administer some of the mineral acids. If they prove too acid for the stomach, a little soda may be given.

In inflammatory cases the nitric acid answers the best purpose. It is liable to injure the teeth; therefore it should be used in small quantities.

In case the invalid should be suffering from profuse night sweats, the sulphuric acid is preferable.

There is still another acid that will suit the majority of cases, and will be found very efficacious, the phosphoric acid.

Either of these acids may be prepared by adding one part acid to fifty parts water. Five to ten drops of this mixture may be added to the vehicle, or be taken immediately after the oil.

In case of peculiar weakness of stomach, and when vomiting sets in, two drops of the tincture nux vomica may be added. Salicine may be substituted.

If a light diet is required from the nature of the case, arrow root and milk, with a little wine, may be given.

The following should be the diet for consumptive invalids: Fresh meat, fish, fowl, game, eggs, milk and bread, with a fair proportion of vegetables and a little fruit. A small amount of wine may be given with the earlier meals; it stimulates the action of the stomach and assists digestion.

In case a nourishing injection should be required, the following will be found to answer a good purpose: Strong meat broth, yolk of eggs, and soups; to either of which may be added a small quantity of brandy.

All pastry and rich stuffing should be avoided.

Fat meat and much butter will not answer for all invalids, while taking oil. The latter will supply all the oleaginous properties required.

Milk and cream may be taken in as large quantities as the patients can bear; if they should prove indigestible, they may be reduced in quantity, or omitted for often days and then continued.

Ozone is the active agent of oxygen, or may be said to be the active oxygen of atmospheric air. Oxygen may be divided into two elements, viz.: ozone (active) and antozone (passive or inactive). For the purpose of showing the effects of oxygen, we select the active portion, or ozone.

Under certain circumstances, oxygen gas acquires greatly increased chemical activity, that is an increase of ozone. As, for instance, by electricity, or in contact with phosphorus and some acids. It is an oxydizing agent, and bleaches vegetable colors. It is absorbed by moist iron, salts of copper, mercury and silver.

It also acts as a deoxygenant, decomposing peroxyd of hydrogen. Ozone is most abundant in the air after thunder storms; therefore the relief afforded in breathing after the air has been charged with electricity, also abundant in clear, cool weather, and in cold climates where there is little moisture; thus the benefit consumptives derive from living in a northern climate, and regions where the air is pure, clear, and free from dampness. The stimulating effects of such air is due to the presence of large quantities of ozone. I desire to call attention to the importance of consumptives breathing pure air, and

particularly air highly charged with ozone, in connection with nutritious food.

After the proper food has entered the system and become absorbed by the lacteals and blood vessels, and emptied into the left sub-clavian vein, ahd carried to the lungs, a proper and effectual change must take place in the lymph before its proper disposal, and that change must be produced by the air (ozone) inhaled into the lungs. In the lungs this nutritious material becomes changed and is then carried throughout the system by the arteries for the proper nourishment of the body. Now the veins bring back to the lungs the venous blood, highly charged with carbonic acid, and the products of the metamorphosis of the tissues, viz.: The effete material thrown off by decay.

The sources of carbonic acid in the animal body are threefold: 1. The continued decay of the tissues common to all organized bodies; 2. The metamorphosis peculiar to the nervous and muscular tissues; 3. The direct conversion of the carbon and hydrogen of the food with carbonic acid and water, and varies with the heat to be generated.

In respiration the most important function to perform, is to eliminate this carbonic acid for if retained in the system as effete carbon of degradation, it is a source of tubercle, loading the lung tissue with decayed particles, fat and cretaceous material; thus forming a nucleus for tubercular deposit.

Now, oxygen is the principal source of carrying off this carbon, as carbonic acid. Oxygen, and particularly (ozone) is the principal oxydizing agent in disposing of the carbon in the system; that is, the carbon is *burnt up* by the oxygen (ozone), and thus eliminated from the system.

It will be seen on strict physiological grounds, that oxygen (ozone) is necessary in order to rid the system of the worn out parts of the body. And in order to accomplish this, fresh air must be breathed both day and night, for the system seems at that time to store up active oxygen for further use. Next in importance to proper food, is a plentiful supply of oxygen (ozone), and these combined will exert a great tendency to eradicate pulmonary tuberculosis; in fact, in many cases will produce cures.

Treatment.—It is satisfactorily established that consumption is ameliorated by proper treatment, and that the rate of mortality from the disease for the past few years has greatly decreased.

These facts should encourage predisposed persons to renewed energy in fortifying themselves against the enemy that may be lurking to bring about their destruction.

The invalid should not feel that he is deriving the greatest amount of good, when he is striving to concentrate the largest amount of medicine in his system.

The least amount of medicine that can be taken, and secure the object the better. It should be the aim to build up and strengthen, not to reduce and debilitate.

For the invalid to derive any benefit from treatment, a proper observance of hygienic laws should be earnestly enforced. (See page 689.) The importance of close attention to food cannot be over estimated.

All the hygienic regulations should be strictly observed, otherwise little benefit will result from medicine.

Those who believe in the infallibility of specific remedies for the cure of consumption, will discover their error too late for human agency to render any assistance. No medicine, alone, will eradicate the disease; while an observance of other requirements, combined with proper medication, might cure many otherwise hopeless cases.

In entering upon the treatment of consumption, these several objects should be borne in mind, viz.:

1. To use agencies that will prevent the progress of the disease, by checking the tuberculous deposit.
2. To overcome congestion and inflammation of pulmonary tissue.
3. To combat local or general symptoms that may arise.

Arsenicum as an Agent in Treating Phthisis.—It has been found that this agent exerts a beneficial influence over diseased pulmonary tissue. M. Martin, of Paris, has been making a series of experiments (and subsequent trials by myself and others prove their value) with arsenic as a remedy in consumption. He sums up as follows:

"1. The action of the substance is undeniable. 2. It is particularly efficacious when phthisis assumes a slow and torpid course. 3. Acute tuberculosis is not greatly modified by its employment. 4. In a great number of cases, even when the disease is far advanced and attended with hectic fever, the general condition of the patient is favorably modified. 5. Local lesions are modified more slowly. 6. There would be a greater number of successful cases, if the patient persevered in the employment of arsenic. 7. In order to

be efficacious, the treatment must be protracted. 8. The dose must be small. 9. Arsenic especially exercises a reconstructing action, and modifies secondarily the pulmonary lesion, and that possesses a direct action over the respiratory functions."

When the digestive organs are greatly impaired and diarrhœa sets in, the dose must be very small; and in all cases it should be omitted for a few days, at intervals of five or six weeks.

The Hypophosphites.—These agents have been used by many with decided advantage. They possess the power of preventing metamorphosis of tissue, and, in many cases complicated with scrofula, they will be found of service.

They also possess the power of increasing the circulation and respiration. Therefore, the importance of using them with caution, where there is a tendency to hemorrhage; as an undue amount of blood in the lungs might rupture a blood vessel.

The Phosphate and Carbonate of Lime.—These are essential agents in many constitutions, when the osseous system is deranged.

They should be used in small doses, and persevered in for a great length of time.

The phosphates supply the waste from the brain, and thus strengthen vitality.

The First Signs of Phthisis.—Frequently the first signs of consumption manifest themselves by some local lesion, or are accompanied by some morbid alteration of structure. The parts most subject to such changes are the pharynx, larynx and trachea. In such cases, local and general treatment should be adopted, to cover the different conditions of the disease.

Much more frequently consumption manifests itself by wasting away. The victim perceives, perhaps, that his weight is growing less, from day to day, without regard to the general effect of cold and warm weather. At the same time his circulation may be disturbed. He may every day or two have flushes of heat, which last only a few minutes. These symptoms precede the cough.

Under all circumstances, the first sign of any disease in those predisposed, should be met with prompt treatment.

Uterine Diseases accompany Phthisis in Females.—Many cases of consumption in females are accompanied with diseases of the organs of generation. Some are sympathetic, while others are organic.

All uterine diseases must necessarily affect the general health;

and, as it is expedient to save the strength of the patient, the importance of early treatment for the uterine disturbance will be manifest.

What Bread should be Eaten.—As a curative agent, bread may be mentioned.

White, wheat bread, made from superfine flour, possesses the carbonates, or heat and fat producers, while bread made from the inside and outside of the wheat, possesses the phosphates and nitrates, combined with the carbonates. Therefore, to derive all the advantages of the wheat, it is necessary to eat brown as well as white bread. The nitrates and phosphates go toward making up the muscles, brain and nerves.

Bread made of rye flour or corn meal may be used for a change, with good advantage.

Meat as a Curative Agent.—Raw meat, chopped into a salad, has been used with good advantage in some cases.

The great disadvantage of visiting some localities, is the inability of procuring fresh meat for the invalid. In such cases Liebig's extract, or the concentrated beef of some reliable manufacturer, may be used.

Diarrhœa of Phthisis.—The intermittent diarrhœa of consumptives, is owing to inflammation and ulceration of the small intestines, dependent upon tuburcular disorganization. The intestines are very sensitive, and great care should be exercised not to use anything that will act as an irritant. The diarrhœa should be checked by attention to diet and hygienic rules; opium and astringents should not be used under any circumstances.

If the irritation is owing to indigestible food, and it should be necessary to remove it, the simplest and most effectual agent is castor oil. The taste of the oil may be disguised, by adding to it a mixture of orange or lemon juice, and water; or float the oil on the top of water in a wine glass, and pour over the oil a little brandy; care being taken not to allow the oil to touch the sides of the glass.

If vomiting should set in, the dose may be immediately repeated, the patient lying down for half an hour.

What Clothing is Required.—The body should be well protected throughout with thick flannel during winter, and with a lighter quality during the summer. Never allow yourself to sleep in your ordinary under garments. They should be well aired during the night.

Vessels for Receiving the Sputa.—Do not use the ordinary spittoons for receiving the expectoration; they soon become foul, and constantly emit an offensive odor. The best receiver is a box filled with fine, dry earth, which may be refilled daily.

What may be Expected from Treatment.—In baffling the evil influences of pulmonary disease, the patient must bear in mind that there is no panacea he can resort to and expect to be cured. A proper hygienic observance must be combined with the use of cod-liver oil, arsenic, the phosphates and carbonates; and remedies to cover symptoms as they arise. By a proper observance of this course, many cases of consumption may be cured.

Alcohol as a Local Agent.—It has been recommended to wear woolen or flannel cloths, saturated with alcohol, over the chest. The whole may be covered with oiled silk, to prevent evaporation.

In incipient phthisis, this may be adopted with benefit.

Expanding the Chest, a Means of Cure.—Benefit has been derived from expanding the chest and filling the lungs with air, several times a day.

To derive any benefit from this, the lungs must be expanded to their full extent several times, at every trial. Three or four trials a day will be sufficient. The chest should be exercised by throwing the arms and shoulders backward and forward. This exercise should be continued many months.

For Arresting Hemorrhage.—When hemorrhage has taken place, rest and quiet should be sought. The temperature of the surrounding air should be low. Small pieces of ice way be swallowed frequently.

Tincture erigeron canadense is servicable in many cases. Dose: Ten drops in ten teaspoonsful of water; one teaspoonful every two minutes.

Tincture hamamelis (Pond's Extract) is another remedy of value. Dose: Fifteen drops in half a glass of water; a teaspoonful every two or three minutes.

Fluid extract of ergot has been recommended highly by some. Dose: Five drops every ten minutes, until the discharge of blood appears to decrease.

If the pulse is quick, tincture of aconite may be used. Dose: Five drops in a glass of water; a teaspoonful every half hour.

Weakness of the Heart.—If weakness of heart is present, denoted by inequality and rapidity of pulse, and occasional faintness, tincture of digitalis may be given in small doses.

This remedy ought to be continued for a long time, to accomplish any good. It should also be omitted a few days, at intervals of two or three weeks.

General Debility.—In case of general debility, and when a tonic is required, a few drops of tincture cinchona may be taken, three or four times a day.

Sulphurous Acid as a Local Agent.—For consumption, preceded or accompanied by throat affections, sulphurous acid has been used with much service by inhalation.

In syphilitic or scrofulous ulceration of the throat, it has done good service. It should be inhaled moderately at first, and gradually increased.

Medicines for Inhaling.—It has been proposed to administer different drugs by inhalation. The following have been used for that purpose: Carbolic acid, creosote, chloroform, iodine, oil of turpentine, and extract or juice of hemlock.

For this purpose, to save the expense of an inhaling apparatus, a jug may be used, by wrapping a towel around the jug and extending it to the nose or mouth. To prepare the mixture for the purpose, fill the jug with hot water, and add from one to thirty drops, according to circumstances, of either one or more of the different medicines. An inhalation of ten minutes may be repeated two or three times a day. In convulsive coughs, add chloroform.

Other Agents in Phthisis.—A few other agents have been recommended, supposing that they possess some specific virtue in curing consumption. Coal oil, in teaspoonful doses; tincture cimicifuga, with fusil oil, in small doses. Iodized syrup of horse-radish has been proposed as a substitute for cod-liver oil.

To Prevent Seasickness.—The following rules should be carefully observed:

1. The strength should be preserved, and the mind composed. This can be accomplished best by having every preparation made at least twenty-four hours before sailing.

2. Eat an early breakfast; and, if the vessel sails at twelve, M., eat a hearty meal just before going aboard.

3. All things that are required for the first ten days should be arranged as soon as you are aboard. Undress and go to bed before the vessel starts. Neglect of this may cost many days of sickness.

4. Eat, at regular meal hours, good, plain, substantial food, and as much as required.

5. Continue in bed at least two days, without raising the head from the pillow. In this manner the strength is saved, digestion continues, and a habit of accustoming oneself to the change of equilibrium is established.

6. No corrective, as magnesia or sedlitz powders, should be taken in the morning. They aggravate the tendency to sea-sickness.

7. As sea-sickness is liable to produce constipation, care should be taken to prevent it, by attention to regular stools. If necessary, injections may be resorted to.

8. In the course of two or three days, after having become habituated to the sea, you can venture to take your meals at the table.

9. Never rise in the morning until you eat something, as oatmeal porridge, a little toast, or sea biscuit. Those in the habit of drinking coffee may take a small quantity.

10. If at any time you should experience a tendency to sickness, immediately go to bed, and remain upon the back.

These rules should be strictly observed, and faithfully carried out, if sickness is to be avoided. Females should especially observe this.

ARTICLE LXIV.

Oneida County Medical Society.

Organized October 20, 1857. Embraces the counties of Oneida and Herkimer. Annual meeting, the third Tuesday in October; semi-annual meeting, the third Tuesday in June.

A. OFFICERS AND MEMBERS.
B. REPORT OF TRANSACTIONS:
PROCEEDINGS OF THE ANNUAL MEETING.
C. MISCELLANEOUS PAPERS:
ALLOPATHIC BIGOTRY. BY WM. H. WATSON, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. M. M. Gardner.

Vice-President.—Dr. A. B. Southwick.

Secretary and Treasurer.—Dr. G. A. Gifford.

Censors.—Drs. Wm. H. Watson, J. C. Raymond, C. J. Hill and J. W. Mower.

Delegates to the State Medical Society.—Drs. G. A. Gifford, A. B. Southwick, J. C. Raymond and C. J. Hill.

Delegate to the American Institute of Homœopathy.—Dr. E. A. Munger.

Medical Committees.—Dr. Wm. H. Watson, Special Pathology and Therapeutics; Dr. J. C. Raymond, Theory and Practice; Dr. G. A. Gifford, Prevailing Epidemics; Dr. A. B. Southwick, Materia Medica; Dr. C. J. Hill, Obsterics; Dr. L. B. Wells, Diseases of Women; Dr. S. O. Scudder, Pulmonary Diseases; Dr. W. B. Stebbins, Dysentery and Diarrhœa; Dr. E. A. Munger, Surgery.

Honorary Members.

Drs. G. W. Bailey, Elizabeth, N. J.; Silas Bailey, Toledo, Ohio; J. G. Bigelow, Syracuse; C. W. Boyce, Auburn; D. Chase, Palmyra; Carroll Dunham, New York; J. J. Edic, Leavenworth, Ka.; H. B. Fellows, Chicago, Ill.; W. R. Gorton, Detroit, Mich.; W. M. Gwynn, Throopsville; W. A. Hawley, Syracuse; E. R. Heath,

Wyandotte, Ka.; W. H. Hoyt, Syracuse; D. D. Joslin,* Pierrepont Manor; D. D. Loomis, Morrisville; Edward Loomis, Oneida; R. D. Landon, Fredonia; A. A. Mason,* Knox Corners; A. R. Morgan, Virginia; H. M. Paine, Albany; J. A. Paine, Newark, N. J.; Geo. B. Palmer, East Hamilton; T. F. Pomeroy, Detroit, Mich; H. Robinson, Sr., Auburn; H. M. Smith, New York; C. H. Thompson; L. B. Waldo, Oswego; A. E. Wallace, Oneida; J. R. White, New York; Harrison Willis, Brooklyn; J. Younglove, Elizabeth, N. J.; A. E. Zeitler.

Members.

Drs. J. C. Raymond, 248 Genesee street, Utica, Oneida county.
Lucien B. Wells, 225 " " "
William H. Watson, 270 " " "
Marcello M. Gardner, 37 Columbia st., " "
C. Judson Hill, 4 " " "
Edward A. Munger, Waterville, "
Leveritt Bishop, Sauquoit, "
S. O. Scudder, 33 Liberty street, Rome, "
A. B. Southwick, 35 Dominick street, Rome, "
Hiram Hadley, Booneville, "
Woodward Warren, Booneville, "
William B. Stebbins, Little Falls, Herkimer county.
John W. Mower, West Schuyler, "
William Landt, Mohawk, "
Nathan Spencer, Windfield, "
Abram Guiwits, Salisbury Center, "
David W. Vanderburg, Illion, "

B.

Report of Transactions for 1869.

Annual Meeting, October 20, 1869.

The annual meeting of the Homœopathic Medical Society of Oneida County, was held October 20, at the City Hall, Dr. E. A. Munger, President, in the chair.

Present—Drs. Wells, Munger, Watson, Raymond, Hill, Southwick, Gifford, Stebbins, Gardner; Drs. Wallace and Palmer, of the Madison County Society, and Messrs. Talcott and Chase, medical students.

* Deceased.

On motion of Dr. Watson, a nominating committee was appointed, viz: Drs. Wells, Watson, and Southwick.

On motion of Dr. Wells, a committee was apointed to collect the statistics and prepare a history of homœopathy in Oneida county. Committee appointed were Drs. Munger, Raymond, Wells, and Stebbins.

On motion of Dr. Watson, the following persons were elected honorary members of the society:

Drs. J. A. Paine, H. M. Paine, C. H. Thompson, A. E. Zeitler, G. W. Bailey, Edward Loomis and A. E. Wallace.

The treasurer presented the annual report, which was accepted.

Reports of standing committees being in order, Dr. Gardner read an interesting paper on bryonia, giving its characteristic indications and comparison with other remedies.

Dr. Raymond read a paper on silicia in relation to its action on the throat as a curative in quinsy. Two cases were promptly relieved in which all previous attacks had ended in suppuration.

Dr. Wells read a paper on hour-glass contraction of the uterus, and gave advice as to the best means of preventing similar occurrences.

Dr. G. B. Palmer gave the history of a remarkable uterine tumor in a lady of thirty-three years of age, now under treatment. There is a fair prospect of recovery.

Dr. Munger gave the history of a case of uterine tumor of a very large size, attended with chills and fever, indicating inflammation. One year's treatment had resulted in a restoration to an almost complete state of health. She had various remedies, but the higher potencies proved the most efficacious.

Dr. Stebbins reported a singular case of abdominal tumor some three inches in length and two in diameter, occurring during three successive periods of utero-gestation, and disappearing each time after confinement.

Dr. Stebbins also read an elaborate paper on leucorrhœa, its pathology and treatment. The doctor takes the liberty to dissent from the standard authorities in regard to its nature and causes. He considers it purely inflammatory, and not a disease of debility. Its causes have their origin in defective early education, habits of life, and unnatural modes of dress.

The Secretary read a paper from Dr. C. W. Boyce, of Auburn, on the characteristics of gelseminum in fevers, and illustrated the same in its sucessful use in a report of two important cases.

Dr. Munger always uses gelseminum in the early stages of fevers which have a tendency to develop typhoid symptoms.

The Committee on Nominations made report, and the persons named were elected by ballot. See page 706.

Adjourned.

C.

MISCELLANEOUS PAPERS.

Allopathic Bigotry. Popular Opinion in Reference to it as Evidenced by the Public Press, and the Reflex Action of Popular opinion upon the New York Academy of Medicine. By Wm. H. Watson, M. A., M. D.

"Fas est ab hoste doceri."

On the 16th of October, 1867, there occurred a remarkable event in the history of medical ethics. Dr. A. K. Gardner, a "regularly" and thoroughly educated physician and accomplished gentleman, was suspended by the New York Academy of Medicine for having held frequent consultations with Dr. Bartlett, a homœopathic physician of New York. Dr. Gardner, in a manly manner, admitted that he had held consultations with Dr. Bartlett, and, asserting the right so to do, said that he did not repent it, and should continue to do the same thing, then taking his coat and hat walked out of the room, and thus broke off his connection with the ridiculous Academy. Dr. Gardner had for twenty-three years enjoyed a large and influential practice in New York, was the author of a valuable work on the "Causes and Curative Treatment of Sterility;" the translator of "Scanzoni on Diseases of Females;" editor of "Tyler Smith's Lectures on Obstetrics;" Professor of Clinical Midwifery and the Diseases of Women in the New York Medical College; Physician for Diseases of Women in the New York Northern Dispensary; member of the National Medical Association; member of the New York County Society; member of the New York Pathological Society; honorary member of the Massachusetts Medical Society; author of Monographs on Ergot, Uterine Hemorrhage, Rupture of the Perineum, etc.

With the action of the Academy, *per se*, we have no concern; but as a part of the medical history of the times, it deserves to be placed on record, that future generations of medical men may look back with wonder and amazement at the intolerance and illiberality of the allopathic sect of the present day. The effect of this action on popular opinion, as evinced by the tone of the contemporary public press, and the reflex influence exerted by the outspoken indignation

of the press upon the subsequent action of the same Academy, in reference to Dr. Holcomb, are also worthy of notice. Our personal views and the views of the whole homœopathic profession upon proceedings of this nature are well understood. As the editor of the *New England Medical Gazette* justly said in reference to this matter: "Whatever may be the shortcomings of the homœopathic school of medicine, medical intolerence at least has no foothold within its ranks." *Fas est ab hoste doceri*, and while as yet illiberality has never shown itself in any official action among us, still the warning afforded by the worse than foolish, the puerile and bigoted action of the Academy in the case of Dr. Gardner, may not be devoid of instruction to the homœopathic school. We subjoin a few of the numerous articles called forth from the press, by the intolerance and unphilosophical action of the Academy, and then quote from the New York *Post*, the action of the same Academy in reference to Dr. Holcomb, who sought to procure his own expulsion on account of the same crime for which Dr. Gardner had been suspended. The Academy, however, wiser grown, from the castigation it had received at the hands of the press in the case of Dr. G., did not accord to Dr. Holcomb the honors of martyrdom so freely bestowed upon Dr. Gardner, and according to the *Post*, would not allow its proceedings to be reported.

We subjoin an extract from the New York *Tribune*, October 21, 1867:

Medical Ethics.—"Dr. Augustus K. Gardner has been a physician in good standing in this city for twenty-three years. He is a graduate, we believe, of a 'regular' medical college; he has attended all the regular lectures, paid all the regular fees, passed all the regular examinations, and probably has a regular parchment diploma neatly framed and hanging up in the back office. His name has long been borne on that regular list of the professional elect, called *The Medical Register;* a list, as everybody knows, which embraces absolutely all doctors competent to give a dose of physic, and outside which there is no salvation. Moreover, until a few hours ago, he was a member of that eminently regular and conservative body, the New York Academy of Medicine. Dr. Gardner, however, has lately undergone professional annihilation. He is not regular any longer. His name has been scratched off the book of life. He has been kicked out of the Academy. His parchment is of no more use to him now than if he had cut it out of a drum-head. Whatever may have been his services to the sick and suffering during his twenty-three years' practice,

whatever his accuracy in diagnosis, his skill in prescription, his faithfulness to duty, his success, his reputation, his general standing among physicians, there is no doubt about him now; he is a pariah and an outcast. He need not expect any more fees. He may take down his sign and sell his gig. Patients are warned to keep away from him, and, to use the language of one of the 'regular' gentlemen who have brought upon him this dreadful doom, he is probably at the present moment 'wandering alone in this great city and dying a living death.'

The crime for which Dr. Gardner has been sentenced to this awful fate is neither poisoning a patient, nor stealing money, nor forgery, nor bigamy, nor, in a word, any crime known in the decalogue. There is no pretense that he is not a good Christian, a good doctor, and an amiable gentleman. He has neither the plague, the yellow fever, nor, to the best of our belief, any other disease which makes him unfit for the company of the rest of mankind. But the 'Committee on Ethics' of the Academy of Medicine have been looking into his life, and have discovered that one of his intimate friends is a homœopathist. This is his offense! The friend might have been a liar, a drunkard, and a blackleg, and the Committee on Ethics would not have cared a farthing. But to consort with a man who is, regularly speaking, a medical heretic; who prefers little doses to big ones; who sets Hahnemann above Esculapius, and cures diseases in one way instead of another, argues, it seems, a degree of ethical delinquency which requires the severest punishment. It was not alleged, be it remarked, that Dr. Gardner himself had apostatized from the faith of the academy. Nobody charged him with administering the little white powders. For aught we know he may prescribe nothing but blue pills and paregoric every day of his life. But having, as we said before, an intimate friend, who, though bred 'regularly,' had fallen away into the Hahnemannic delusions, Dr. Gardner has been guilty of the sin of consulting with him sometimes on professional questions, has met him at the bedside of some suffering patient and given him the benefit of his advice and experience. This is the crime for which there is no forgiveness.

"One might almost suppose, from the action of the Academy, that homœopathy was catching, so that a regular doctor who came near a practitioner of that devilish art would be apt to spread the infection, even if he did not succumb to it himself. The committee suggested an indefinite suspension of Dr. Gardner during the pleasure of the Academy, a sort of ethical quarantine of nobody knows how many

days, during which he might have leisure to 'repent of his error;' but we are pleased to learn that the culprit manifested no signs of remorse whatever, and expressed his determination to 'do so again' whenever the occasion offered. Whether the action of the Academy will be quite as effectual as they supposed in depriving him of the chance to do so again, we very strongly doubt. For our own parts, we are not prepared to believe that Dr. Gardner is now walking the streets gnashing his teeth in loneliness and agony of mind. We are not so sure about his 'dying a living death.' We think it probable that he is quite as good a doctor now as he ever was. If his name can't be printed any more in *The Medical Register*, we dare say he can manage to have it retained in the New York Directory, which is a vastly better book with a better circulation. And when he made his choice to leave forever the ridiculous Academy rather than break off intercourse with his homœopathic friend, he did what was manly and sensible, and what will prove, we dare say, as advantageous to his professional career, as it was creditable to his independence.

From the *Nation*, October 24th, 1867.

"The recent expulsion of a member from the New York Academy of Medicine for having met a homœopathic practitioner in consultation, coupled with the observations made by Dr. Stone in support of the motion, in which, if correctly reported, he strongly insinuated that even the maintenance of intimate personal relations with a homœopathist was an ethical offense in a regular physician of the old school, helps to confirm us in doubts which we have long entertained whether doctors rightly understand their own philosophical position. We are far from denying their right to prescribe to the members of their own profession the terms on which they shall be received as brethren, and met in friendly professional intercourse. Any number of men are perfectly justified, if they believe the interests of either science or good manners or good morals will be advanced, or even their social enjoyment promoted thereby, to form themselves into a club or academy, or any other kind of corporation, and lay down certain rules for the guidance of even the professional conduct of those who wish to be of their number, and to make the observance of these rules a condition of business intercourse. In all professions in which the result of labor is uncertain, and of such a nature that the public cannot at once judge of its quality, a professional tribunal which undertakes to sift the members, and, by its recognition, to furnish a kind of certificate of character, is of the highest use. The surveillance which the pro-

fession exercises over its own members undoubtedly goes a great way to protect laymen of ordinary intelligence from quacks and impostors; the ignorant or credulous, of course, no machinery can protect. We say all this by way of explaining that whatever objections we may make to the allopathic treatment of homœopathists are not due to any general dislike of corporate feeling or corporate interference with freedom of trade. What we say is, that this treatment seems to us to rest on a total forgetfulness or total misapprehension on the part of the regular practitioners of their position as scientific men.

"The class of men against whom regular practitioners are bound to protect the public by refusing to meet them or treat them with ordinary professional courtesy are quacks and charlatans and cheats; that is, persons who practice medicine without being able to furnish evidence of having undergone any regular training for it, or having in any way acquired a fair knowledge of the art; persons who pretend to possess a panacea; persons who, being professionally qualified as far as knowledge goes, have shown a want of moral fitness for it, and other such people. But the homœopathic doctors do not come under any of these heads. They are regularly trained for their calling. As regards character, we presume the average is as high as amongst their allopathic brethren. They have a code of professional ethics, and enforce it, and they command the confidence of a large and highly respectable portion of the community. In fact, the objection, and the only one, if we are not mistaken, made against professional intercourse with them, or even ordinary courtesy toward them, is based on the assumption that their system being false and absurd, those who practice it must be either fools or knaves. But this notion of the character of the homœopathic system, though it may be true, is, in the first place, incapable of proof; and in the second place, if it were capable of proof, the demonstration would also destroy the claims of the allopathic system to either our confidence or our respect.

"The theory of many allopathic doctors seems to be that they have means of verifying their conclusions, which the homœopathists do not possess; and that while the latter are empirics, the former are men of science. But the truth is, that medicine is not a science, in the strict sense of the term, or anything approaching to a science. It is rather an immense body of facts, out of which a host of able and acute, and disciplined observers are endeavoring to *construct* a science, but hitherto with very indifferent success. The only thing a doctor

can predict with any approach of certainty, is a portion of the action of certain remedies on the human frame. The *whole of the* action of any of them, no doctor can foretell; and, therefore, what effect any drug will have on disease, no doctor can say with certainty. When the doctor gives a sick man a blue pill, he can tell with an approach to certainty, what one result of it will be; but it may and does produce a dozen other results of which he knows nothing. What kills one man cures another; and the treatment of every case is, in reality, a series of experiments conducted under conditions which deprive them almost altogether of the right to be called experiments at all in any scientific sense. The reports of cases which are read at medical meetings, are not reports of scientific processes, such as a chemist may make. They are records of a series of phenomena of which nobody knows the relation or connection, and the repetition of which in the same order of succession nobody can predict or produce.

"The bearing of all this on the professional standing of homœopathists is obvious. One does not need to claim for their system any greater curative power than the allopathic system in order to show the title of its practitioners to respect and recognition. They are, though professing to act on a theory, largely empirics, we grant; but so are the allopathists. The action of their remedies is uncertain; it is even uncertain whether in any given case their medicines will produce any effect on disease whatever; but the same thing may be said of allopathic treatment. The smallness of their doses may seem 'absurd;' but nothing can in science be called absurd which cannot be demonstrated to be so, and there is no process whatever in the possession of the medical faculty by which it could be shown that an ounce is more likely to cure than the twentieth part of a grain, except a simple enumeration of observed cases, which, in this matter, is of no value whatever, because the homœopathists will produce as many 'cases,' in proportion to their numbers, as their older brethren. As to the novelty of their practice, we shall say nothing, because no doctor, laying claim to the character of a scientific man, will, with the history of his own art before his eyes, consider this an objection to it. The main thing, therefore, for consideration, it seems to us, in fixing the relations which the allopathic profession ought to occupy to the homœopathists, is the personal character of the latter. If they are well educated men, gentlemen, men of honor and courage and delicacy, to refuse to associate or compare views with them because they use a different class of drugs,

or use drugs in different quantities, is a course worthier of trades-unionists or of young army officers than a body of grave students of science. So far from condemning them, real philosophers ought to encourage them. In a field in which so little is known, there cannot be too many explorers; provided, they are governed in their explorations by the laws of honor, and by a great or even average devotion to truth. When Napoleon was at the Red Sea, he rode over the strand with his staff, and was caught at nightfall by the rising tide, and lost his bearings. He thereupon disposed his officers round him in a circle, and ordered each man to ride out from him, as a center, in a straight line. Those who found the water growing shallower were, of course, in the right track, and were speedily followed by the rest. Academies of medicine might well take a hint from this ingenious but simple contrivance of the great master of the art of war. We would not have them exact one guarantee the less as to character or education; but there is nothing in the present condition or past history of their art to warrant them in concluding, with certainty, that any school of practitioners is working in the wrong direction, and they owe it to the human race to give all honest and properly qualified explorers a fair chance. We suppose few people care under what system they are cured, whether through a bolus, a globule, or simply through the imagination. The medical profession is not an end, but a means; it exists, not that a certain number of gentlemen may preserve a good social standing and good emoluments, but that the sum of human misery may be abated. It seems to us that this is forgotten by those who outlaw the homœopathists."

From the *Nation* of November 28, 1867, in reply to an allopathist, who attempted to defend the action of the Academy:

"We do not profess to be able to decide whether allopathy or homœopathy is the right system; all we know is that scientifically there is as much to be said for the one as the other. The description 'S' gives of the way in which homœopathic doses are prepared, seems funny to us; but it does not seem 'absurd,' from a scientific point of view, to suppose that such doses affect the human frame, either in health or disease, because we do not *know* anything accurately about the effects of any dose upon the human frame. 'S.' may give the most 'sensible' dose in the world, and yet will be entirely unable to say what the result will be. 'Common sense' is no guide in such matters, as everybody knows who has the slightest knowledge

of the history of science. 'Common sense' said for a long time that the sun moved round the earth; but common sense was wrong. Therefore, we say, allopathic doctors *may not* insist on the 'demonstrable absurdity' of the homœopathic practice, for the simple reason, that they cannot 'demonstrate' it, and it is because we find that they sometimes labor under the delusion that they can, that we have expressed the doubt whether they understand their own scientific position. Nor is the reproach that they practice on a theory, or, in other words, *a priori*, one which allopathic doctors can fairly cast at the homœopathists, for the simple reason that they themselves do the same thing, and have always done it; and some of their theories have been, as the world now believes, as absurd as could be desired by their worst enemies. Take, for instance, the celebrated medical '*Doctrine of Signatures*,' which maintained that a substance possessing medicinal value, had some outward mark indicating the disease for which it was a remedy. Under this system, the lungs of a fox were good for asthma, because a fox is long winded; tumeric was good for jaundice, because it is yellow; the blood-stone was good for bleeding at the nose; and so on through scores of substances. One school of regular practioners at one time ascribed the operation of mercury and iron in the human system to their specific gravity. Moreover, there is, we presume, no doctor at the present day who does not practice on a theory which has not a particle of scientific basis. One stimulates highly, because he thinks diseases in our day are of the "low" type; others never give any alcohol, because they think alcohol poisonous. As to which is right we are certainly incompetent to decide or even offer an opinion. All we say is, that gentlemen in this position must not ask us to believe that homœopaths are quacks, because their doses seem absurd. Of course, we would not expect a doctor who did not believe in homœopathy to consult with one who did; but we do maintain that if any doctor thinks he can get light thrown on one of his cases by taking counsel with a homœopathist, science as well as humanity demands that his brother doctors shall not interfere with him."

From the Independent, November 7, 1867.

DISAGREEING WITH THE DOCTORS.

"This Journal (as its readers well know) is not without positive and downright opinions on multitudes of subjects; but it inculcates no opinions whatever concerning the respective merits of differing

schools of medicine, as, for instance, the homœopathic and the allopathic. But, in common with all right-minded people, we believe in mutual fair play for both these opposing schools. When, therefore, the allopathic colleges undertake to trample homœopathic practitioners under foot, and to deny them that free scope for the establishment of their system which it is a glory of our free institutions to secure for every art, avocation, or profession; it becomes the duty of such public journals as ordinarily keep entirely aloof from medical controversies, to interpose a voice of arbitration, and to demand, in the interest of free speech and general justice, exactly as fair a field for the practice of the homœopathic as of the allopathic school.

"Judged by the latest evidence, what is the degree of toleration which allopathic institutions entertain toward homœopathic ideas? Here, for instance, is Dr. Augustus K. Gardner, an allopathic physician in good standing in New York city for the last twenty-three years; a graduate of an eminent medical college; a regular member of the New York Academy of Medicine; a practitioner who has always trod, and who still treads the beaten path of the old school. But Dr. Gardiner has just been excommunicated from the Academy by his allopathic friends and co-members. For what? For robbing a bank? No. For setting fire to a hospital? No. For poisoning a patient? No. For burying a man alive? No. What was his offense? It was the unpardonable crime of so far forgetting his professional pride as to consult, in a critical case, with a homœopathic physician.

"Now, do such enlightened and humane men as compose the New York Academy of Medicine think that they are rendering science a service by unfrocking one scientific man because he asks a civil question of another? Of course, the Academy is at perfect liberty to act towards its own members as it pleases, but the public, too, and the public journals, are at perfect liberty to think and say what they please of the Academy's action. We understand that the vote for Dr. Gardner's expulsion was a mere majority of one. We are glad, for the credit of the institution, that nearly half the membership were of a more tolerant spirit than the rest. We would be still more glad to hear that, at a future meeting, the majority, after sober second thought, had reversed a vote which, if allowed to stand, must reflect upon an honored institution a permanent discredit.

In view of this marked and noticeable instance of interprofessional

illiberality, we stoutly insist, not that the new school should enjoy exemption from criticism by the old, nor the old by the new, but that each should maintain toward the other that fair degree of toleration which all just men are justly expected to exhibit toward all rival or competing opinions. The Academy's action in this case springs upon the public a question which concerns, not medical men alone, but the community in general. Every family employs a physician. Does not every family require, therefore, that this physician should be perfectly free to procure any advice, to choose any assistance, to adopt any expedient, whenever he needs it, and wherever he finds it, which, in his judgment, may mitigate sickness or fight off death? But the Academy would officially, by statute and penalty, prevent one of its own members from borrowing of homœopathy a helping hand, even for the sake of plucking a stricken man back from the grave. The Academy virtually says, "Let men be killed under allopathy rather than saved under homœopathy." Does any household, liable to sickness, and needing a physician, want to be informed that he can come to the bed-side only on condition that his hands are bound, and his free choice is trammeled, by an academic vote forbidding him, on peril of forfeiting his professional caste, even from so much as the putting of a question to a man whose opinion he desires to know? Such enforced restriction upon intelligent physicians of any school, is too preposterous to go unrebuked, and ought to be abolished forthwith.

We should not have thus alluded to Dr. Gardner's case if it were one simply affecting that individual's personal standing with his professional brethren, a question with which we have nothing whatever to do; but we feel bound, for the sake of the common interests of society at large, to lodge this journal's protest against this unwarrantable encroachment by a public institution upon the proper freedom of a self-respecting American citizen.

From The New York Commercial Advertiser.

HOMŒOPATHIC PUNISHMENT.

"When Secretary Seward lay at the point of death, stricken by the hand of an assassin, the surgeon-general of the United States held consultation on the case with Mr. Seward's physician, a homœopathic practitioner. Had the surgeon-general not heeded the voice of reason and the call of humanity, he would have set up the allopathic plea of regularity, and allowed the patient to get well without the aid of the 'regular'

faculty. A few weeks after this awful violation of the medical code, the American Medical Association met in Boston, and proceeded to shuffle through a motion of censuring Surgeon-General Barnes. The effort was weak; nature had for once its own way, and Dr. Barnes escaped the 'heroic' dose which had been prepared for him. He was rather too high game for the 'mousing owls' of the convention to hawk at.

"A case has, however, arisen in this city, in which regularity has been vindicated, and the fearful exhibition is made of a medical wandering Jew, who, as a member of the New York Academy of Medicine said in the debate on the case, would 'wander alone in this great city, and die a living death, if shut out from the Academy.'

"It seems that Dr. A. K. Gardner, for twenty-three years an allopathic practitioner in this city, had held consultations with Dr. Bartlett, a homœopathic physician. For this, Dr. Gardner was hauled before the New York Academy of Medicine, on a charge of violating the rules of medical ethics. Dr. Gardner, with a singular contumacy, which looks like reason, and a very marked contempt for the grave dons who compose the Academy, said he had a right to consult with homœopaths, that he did not repent of what he had done, and that he would do it again with the same light. The academy, therefore, suspended Dr. Gardner. A motion to absolve the suspension was laid on the table, by a vote of eleven to ten. Whereupon Dr. Gardner left the room, and went forth to 'wander,' as aforesaid. It is probable that he can stand up under the burden, and that the less than a dozen regulars who combined to put out his light will not be able to ruin his practice. If, as the *Times* suggests, 'he has fears of such a result, he has only to join the ranks of the homœopathists, who are nearly as numerous and quite as respectable as the regulars.' It is curious to observe how these old, mediæval prejudices still cling to the medical profession, and how the trio in '*Crispino e la Comare*' has an every-day parallel in the mutual intercourse of men whose culture is, at least, supposed to be liberal. Ministerial feuds and pulpit antagonisms, with their 'apostolic blows and knocks,' are fairly outdone by the petty persecutions and absurd dogmatisms of the faculty."

From the New York Times.

MEDICAL PREJUDICES.

"The hostility with which the 'regularly bred' physicians regard homœopathic practitioners has always been a matter of public

notoriety. It was never paraded with more bitterness than in the case of Dr. A. K. Gardner, a 'regular bred,' who was, on Wednesday evening, formally suspended from membership with the New York Academy of Medicine, for having violated the rules of the Academy in holding consultation with Dr. Bartlett, a homœopathic practitioner. Dr. Gardner, when arraigned, did not deny the fact of such consultations, but alleged that Dr. Bartlett, although a homœopathist, was a graduate of a 'regular' college, was a physician of long practice, and was, moreover, his intimate friend. The debate on the question of suspension was very warm and somewhat lengthy, as each member, in turn, felt called upon to denounce the 'quacks,' as the homœopathists were termed. During the discussion several members confessed that they also had committed the offense with which Dr. Gardner was charged, deeming it humane to do so. One member, interceding for the doctor, against whom such a horrible crime was charged, declared that suspension would be his professional ruin, and drew a terrible picture of his 'wandering alone in this great city and dying a living death if shut out from the Academy.' As the accused gentleman has been a successful practitioner for over twenty years, it is hardly to be supposed that the vote of eleven gentlemen, although 'regular breds,' will crush him entirely. If he has fears of such a result, he has only to join the ranks of the homœopathists, who are nearly as numerous and quite as respectable as the 'regulars.' While it is an open question alike with the public and the profession which is right and which is wrong, it is indeed pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths."

Honor then, say we, to a Gardner, who, disdainful of reproach, bore the contempt of the bigoted academy, with the calm front and unshaken mind, which belong only to him, who early enlisted in the service of truth and a good conscience, has become a veteran soldier in the warfare of life. Such as he, alone, may say in the beautiful words of the Latin poet:

"Justum et tenacem propositi virum
Non civium ardor prava jubentium,
Non vultus instantis tyranni
Mente quatit solida, neque Auster,

Dux inquieti turbidus Hadriæ,
Nec fulminantis magna manus Jovis;
Si fractus illabitur orbis,
Impavidum ferient ruinæ."

We quote the action of the Academy upon the case of Dr. Holcomb, at a subsequent meeting, as given by the New York *Evening Post:*

"Dr. Holcomb arose to a question of privilege. He said that he had not been a frequent attendant at the meetings of the Academy, but he had continued a member in good standing. He had retired from general practice, and was now engaged in treating affections of the eye and ear solely. But he thought he had noticed a degree of coolness towards him on the part of most members of the Academy, which he was at a loss to account for, unless it was that he had associated with homœopathic physicians. If such was the case, he did not deny the association, and added, further, that he did not feel inclined to dissolve the ties of friendship with any practitioner of that school, whatever might be the sentiment of the Academy, as a body, on that point.

"Dr. Holcomb was proceeding with his remarks, when objection was made by several gentlemen on the ground that it was a personal matter, and, therefore, should be brought before the Academy in the form of a complaint to the committee on medical ethics.

"Dr. Holcomb endeavored to be heard a second time on the subject, but the matter was brought to an abrupt close by a motion to to adjourn, which was carried.

"The remarks of Dr. Holcomb caused much ill-feeling among the members, who not only refused to listen to debate, but afterward told representatives of the press that they should not publish the proceedings. As is usual in such cases, this opposition only excites more interest in the subject."

That the position of the allopathic school is unscientific, unphilosophical and illiberal, some of its ablest minds do not hesitate to admit. The most liberal men on either side do not contend that allopathic and homœopathic physicians should, by public opinion or otherwise, be compelled to consult together. It is manifestly not desirable for either party that such should be the case. We, however, most strenuously maintain that no physician, of any school, should be prevented by any body of men, professional or otherwise, from consulting or co-operating with any other physician with whom he may choose to consult and cooperate, and who, at the same time. may be willing or desirous of consulting or cooperating with him, Nor can any man, we contend, who is himself "*nullius addictus jurare in verba magistri,*" remain connected with any society, or

body of men, which attempts to restrain his liberty of action in this direction, without palpable self-stultification. The trammels of "legitimate medicine," or "orthodox practice," or "the" (self-dubbed) "regular profession," as the allopathic sect delights to style itself, with which the unreflecting masses of that school are willing to be enchained, should no longer, in these days of scientific progress and discovery, enslave the thinking and inquiring mind. It is the duty of every physician to seek out, and to avail himself of all means, come from what source they may, which will benefit his patients. Such an one will prove most worthy of and will most assuredly secure the confidence of the public. While the allopathic school may, like M. Tomès, the physician in Molière's 'L 'Amour Médecin, continue to believe that it is better to die according to the rules, than to get well in opposition to them, and say, "I stand up for Artémius. That he killed his patient is clear enough. But still he acted according to rule. A man dead is a man dead, and there is the end of the matter; but a formality neglected brings a notable prejudice to the whole body of physicians;" with the mass of mankind, however, there is a growing indifference to the *mode* of cure, provided the cure is only effected; and, in spite of such critics as M. Tomès and his counterparts of the allopathic school of the present day, the world is of the opinion that those means are the most correct which best accomplish the end.

True science has nothing to fear from free discussion and the most searching examination. Whatever cannot bear this test is unworthy of the name. Nor can it be fettered by any creed. For the allopathic school of the present day to set itself up as infallible, and to maintain its orthodoxy by the expulsion of all who disagree with it, and by forbidding its members professional association with all who deny its *dicta*, is the most ludicrous of all human spectacles. In the eloquent words of Prof. Millard: "To take a comprehensive view of its doctrines, past and present, is like viewing the changing forms and colors of the kaleidoscope. They have shifted hither and thither, like the nebulæ of the morning colored by every variation of auroral light."

When we recall to mind the fact that about two hundred years ago, when in 1628, Harvey had dedicated to Charles I his "*Anatomical Disquisition on the Motion of the Heart and Blood in Animals*," to use his own words, as given by his biographer: "I fell mightily in practice. It was believed by the vulgar that I was crack-brained,

and all the physicians were against me. Some chid and calumniated me, that I had dared to depart from the precepts and opinions of all anatomists." When we recollect that this man was avoided as a heretic by his own colleagues, in whose love of truth and candor, as having cultivated minds, he had reposed his trust, that in derision, he was called "Circulator," and that there was a current medical proverb: "*Malo cum Galeno errare, quam cum Harveio esse Circulator*," and reflect that the same profession, which in those days, claiming medical infallibility and orthodoxy, denounced Harvey, now suspends Gardner; we find it difficult to conceive how any intelligent mind can for a single moment submit to its unphilosophical intolerance of spirit. This spirit now, however, everywhere meets, as it merits, the unqualified disapprobation of the ablest thinkers of our age. A few years since the College of Surgeons of Dublin, made an order that none of its fellows should consult with a homœopathic physician. An allopathic surgeon, who, soon after, was asked to consult with a homœopathic practitioner, the physician of Archbishop Whately, referred to the order above alluded to as a reason why he could not comply with the request. The Archbishop, who was equally famous for his extensive and varied attainments as a scholar, his liberal sentiments and his logical acumen, wrote the following reply: "I was well aware of the detestable act of tyranny you refer to. I believe that some persons were overawed into taking part in it against their own judgment. I have always protested against such conduct in all departments of life; you may see something to the purpose in my little tract on '*Trades' Unions*.' In fact, the present is one of the 'trades' unions.' A man has a right to refuse to work except for such wages, or under such conditions, as he himself chooses to prescribe; but he has no right to compel others to concur with him. If there is any mode of medical treatment which he disapproves or any system of education which he thinks objectionable, he will be likely to keep clear of it of his own accord, without any need of compulsion or pledges; those, again, who think differently, ought not to be coerced or bullied. Some persons seem to have a notion that there is some connection between persecution and religion, but the truth is it belongs to human nature. In all departments of life you may meet with narrow-minded bigotry and uncharitable party spirit. In the midst of the shame and disgust which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the system denounced, to see that there is

something of a testimony borne to them by their adversaries, *who dare not* trust their cause to the decision of reason and experience, but resort to such expedients as might as easily be employed for a bad cause as a good one." Such was the letter which emanated from a man who, to his dignified position in the episcopal church, united a calm and philosophical mind and an enlightened judgment, which have given to the productions of his pen a world-wide reputation.

Many years ago, the Allopathic Medical Colleges of Scotland, alarmed by the conversion of Dr. Henderson, the distinguished professor of pathology in the University of Edinburgh, to the heresy of homœopathy, and impressed with the truth of the maxim that "prevention is better than cure," attempted to exact from the candidates for diplomas a profession of no faith, present or future, in homœopathy, as a condition of granting the degree. This proceeding, however, called down upon them the censure of Sir William Hamilton, the greatest ornament of Scotland. The following are his words:

"I see that the medical examiners have been publicly accused of rejecting a candidate, not for incompetence, but on the confessed ground that he was supposed favorable to a medical theory rising dangerously in opinion, and not in unison with the medical theory of his examiners. On such a step—*such an injustice, such an absurdity*—the old sectional examiners would not have ventured. If the charge be well founded, an Edinburgh medical graduate *may* now be an ignorant, unable to spell his mother tongue; but *must not* be a proficient, professing to think for himself. So certain, also, are now the opinions of a majority, touching the very practice, and in the very body, where heretofore medical scepticism was always in proportion to medical wisdom! Our Gregorys and Thomsons—what would they now say to this?" Says the lamented Dr. J. Rutherfurd Russel, from whose valuable work, entitled "The History and Heroes of Medicine," I have copied the above. "As the Scotch colleges and universities were deaf to the voice of their great teacher, the folly and injustice of their conduct had to be checked by the British Legislature; and a bill, which passed in the year 1858, enacted that, if the Scotch colleges, or universities, persevere in refusing degrees to candidates who will not abjure homœopathy, their colleges shall be deprived of the power of granting degrees until such time as they shall learn to move in accordance with enlightened public opinion.

This was felt by their own colleagues in England, who anxiously discountenanced this northern extravagance, as is shown by the following resolution, published by the Royal College of Surgeons of England: "That the council have attentively and repeatedly considered the various communications which they have received on the subject of homœopathy, and, after mature deliberation, have resolved, that it is *not expedient* for this college to interfere in the matter."

Such, my brethren, are some of the examples of allopathic intolerance in the old and in the new world, and such the reception which it has and always hereafter must receive from the thinkers of the age. Let us, as homœopathists, recollect that

"Bonum est fugienda aspicere in alieno malo."

ARTICLE LXV.

Onondaga County Medical Society.

Organized 1863. Comprises the counties of Onondaga and Cortland. Annual meeting, first Tuesday in May; semi-annual, second Tuesday in October.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Stephen Seward.
Vice-President.—Dr. R. D. Rhodes.
Secretary and Treasurer.—Dr. R. E. Belding.
Censors.—Drs. W. A. Hawley, W. H. Hoyt, L. Clary.
Delegates to the State Medical Society.—Drs. B. B. Schenck, J. W. Sheldon, W. H. Hoyt.

Honorary Members.

Drs. Lucien B. Wells, Utica, Oneida county.
J. C. Raymond, " "
George B. Palmer, East Hamilton, Madison county.
T. D. Stow, Fulton, Oswego county.
D. J. Chaffee, Fairport, Monroe county.
H. Barton Fellows, Chicago, Illinois.
M. F. Sweeting, South Butler, Wayne county.

Members.

Drs. Joshua G. Bigelow, 57 Warren st., Syracuse, Onondaga county.
Lyman Clary, 54 " " "
Wm. A. Hawley, 61 Montgomery st., " "
W. Henry Hoyt, Syracuse House, " "
H. V. Miller, 53 Warren street, " "
Rufus E. Belding, 1 Barton Block, " "
Jay W. Sheldon, 71 Warren street, " "
Stephen Seward, 53 " " "
Franklin Bigelow, 102 South Salina st., Syracuse, "
Benjamin B. Schenck, Plainville, "
R. D. Rhodes, Marcellus, "
W. B. Brown,* Homer, Cortland county.
Henry C. Hubbard,* Scott, "

* Deceased.

ARTICLE LXVI.

Ontario County Medical Society.

Organized 1860. Comprises the counties of Ontario and Yates. Annual meeting, third Wednesday in October; semi-annual meeting, first Wednesday in June.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS:

PROCEEDINGS OF EIGHTH SEMI-ANNUAL MEETING, HELD JUNE 2, 1869.

PROCEEDINGS OF THE NINTH ANNUAL MEETING, HELD OCTOBER 20, 1869.

C. CLINICAL REPORTS:

CASE OF BILIOUS COLIC. BY J. B. VOAK, M. D.

CASE OF POISONING BY SULPHUR. BY J. H. STEBBINS, M. D.

CASE OF FACIAL NEURALGIA. BY O. E. NOBLE, M. D.

CLINICAL EXPERIENCE WITH CACTUS GRANDIFLORA. BY N. B. COVERT, M. D.

THERAPEUTIC VALUE OF CARBOLIC ACID. BY N. B. COVERT, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. T. D. Prichard.

Vice-President.—Dr. J. H. Stebbins.

Secretary and Treasurer.—Dr. G. Z. Noble.

Censors.—Drs. A. B. Smith, M. W. Combs and F. Tompkins.

Delegates to the State Medical Society.—Drs. George Z. Noble and J. H. Stebbins.

Delegate to the American Institute of Homœopathy.—Dr. N. B. Covert.

Honorary Members.—Drs. J. T. Patchen, Fond du Lac, Mich.; M. Kingsley, Kingsville, O.; W. Gulic, Watkins, N. Y.; O. E. Noble, New York.

Members.

Drs. Frank Thompkins, Penn Yan, Yates county.

" Henry W. Smith, Rushville, "

Drs. George Z. Noble, Dundee, Yates county.
Emerson W. Rogers, " "
J. Benson Voak, Canandaigua, Ontario county.
James A. Hawley, " "
James H. Stebbins, Geneva, "
Nelson B. Covert, " "
R. B. Covert, " "
A. B. Smith, " "
C. T. Mitchel, " "
George C. Prichard, Phelps, "
T. D. Prichard, " "
Henry Foster, Clifton Springs, "
M. W. Combs, Miller's Corners, "
E. W. Bryan, Ovid, Seneca county.

B.

REPORT OF TRANSACTIONS FOR 1869.

Eighth Semi-annual Meeting, held June 2d, 1869.

Pursuant to adjournment, and in compliance with the constitution the eighth semi-annual meeting of the Society was held at the Hygienic Institute, in Geneva, June 2d, 1869, the president, Dr. T. D. Prichard in the chair.

Present—Drs. Combs, Stebbins, N. B. Covert, Smith, Voak, T. D. Prichard, G. C. Prichard, Mitchell, Noble, and Bryan.

Drs. G. C. Prichard, and E. W. Bryan were elected members of the Society.

The Committee of Publication presented a report. The report was accepted, and the committee continued.

Dr. Volk read a report of a case of "Biliary Calculi."

Dr. Covert read a paper entitled "Carbolic Acid."

Adjourned to 2 P. M.

Afternoon Session.—Dr. Frank Tompkins, of Penn Yan, was proposed for membership, and unanimously elected.

Dr. Stebbins reported a case of poisoning by sulphur, which proved fatal in twenty-four hours after the development of symptoms.

Dr. Prichard reported two cases of intermittent fever cured by pulsatilla and natrum mur. For the relief of a case of quinism, producing lameness, he gave pulsatilla 16 m; cured in a few hours.

In a case of constipation he gave sulphur 3 m; cured by one dose.

Dr. Smith read a paper entiled "Disease, its Nature, Material and Physiological Aspects, and the Principle involved in Cure.

Dr. Smith was requested to revise and enlarge his paper on the above subject, and present it for further consideration at the next meeting of the Society. (Carried.)

On motion of Dr. Voak, Dr. Holmes' resignation of membership was accepted.

Dr. Noble moved that the corresponding secretary of the State Society be notified of the resignation of Dr. Holmes. (Carried.)

Dr. Stebbins stated his intention to move the adoption of the Code of Ethics of the American Institute of Homœopathy, at the next meeting of the Society.

On motion of Dr. Stebbins, Dr. A. B. Smith was appointed delegate to the American Institute of Homœopathy, to meet in Boston, June 8, 1869.

On motion of Dr. Noble, Dr. Stebbins was appointed delegate to the State Medical Society, in place of Dr. Holmes.

Adjourned to meet in Canadaigua on the third Wednesday in October.

Ninth Annual Meeting, held October 20th, 1869.

The ninth annual meeting of the Society was held at Canandaigua, Wednesday, October 20th, 1869. The president, Dr. T. D. Prichard, in the chair.

The following members present: Drs. G. Z. Noble, J. H. Stebbins, J. B. Voak, N. B. Covert, T. D. Prichard, Geo. C. Prichard, R. B. Covert and M. W. Combs.

The minutes of the last meeting were read, amended and approved.

Dr. J. H. Stebbins, chairman of the committee of publication, presented the following report:

The committee, appointed at the last annual meeting of the Society, would respectfully report that they have examined and recommend for publication in the Transactions of the State Society, the following papers:

"Clinical Experience in the Use of Cactus;" by N. B. Covert, M. D.

"Cases from Practice, Illustrating the Curative Action of Arnica and Opium in High Potencies;" by T. D. Prichard, M. D.

"Annual Address;" by T. D. Prichard, M. D., vice-president of the Society.

"Glonoine in the Treatment of Menorrhagic Headache;" by J. H. Stebbins, M. D.

"Rumex Crispus in the Treatment of Eczema;" by G. Z. Noble, M. D.

"Belladonna in the Treatment of Neuralgia;" by O. E. Noble, M. D.

On motion, the report was accepted, and the committee on publication was constituted a standing committee.

Dr. C. T. Mitchell presented a paper giving some of the results of his experience in the use of cypripedium; also the use of carbolic acid with glycerine in two cases of uterine disease.

The treasurer, Dr. G. Z. Noble, presented the following report:

Balance on hand at commencement of the year.....	$16 83
Received for taxes and initiation fees.....	31 50
	$48 33
Paid expenses of delegates to State Society	$41 54
Paid postage and stationery.....	1 00
Balance in treasury.....	5 79
	$48 33

Dr. G. Z. Noble announced the sudden death of Dr. H. S. Benedict, a member of the Steuben County Society, and moved that a committee be appointed to draft appropriate resolutions to be presented to the family of the deceased and published in the Corning papers. (Carried.)

The Code of Medical Ethics of the American Institute of Homœopathy was adopted as a substitute for the one now in use.

"Tea, and its Effects on the System," was the subject announced for discussion at the next semi-annual meeting. Dr. J. B. Voak was requested to present an article on the subject designated.

On motion the resolution to pay the expenses of delegates to the State Society be stricken out, and the following adopted:

Resolved, That the expenses of but one delegate to the annual meeting of the State Medical Society be paid by this Society; and in case two delegates attend, the sum to be appropriated for one delegate be equally divided between them.

On motion, the Water-cure at Clifton Springs was designated as the place for the next semi-annual meeting of the Society.

A list of the officers elected is published on page 727.

Adjourned.

C.

CLINICAL REPORTS.

Case from Practice. Bilious Colic. Reported by J. B. Voak, M. D., of Canandaigua.

Was called May 5, 1869, to visit Mrs. D——, aged forty-five years, of bilious temperament. Found the patient suffering from a severe paroxysm of pain in the pit of the stomach and bowels. The patient had been subject to similar attacks for the past four years; the paroxysms recurring at intervals of from one to three weeks, and lasting from one to four days. A number of physicians had been employed, none of whom had been able to afford more than partial and temporary relief.

At my first visit I prescribed nux vom.,[2] and prohibited the use of coffee, to which my patient had been excessively addicted.

The next morning another dose of nux was administered, no good effect having been produced by the first. No relief following, I gave a dose of natram mur., which was also followed by one of bryonia alba. This was succeeded by lycopodium, cantharides and belladonna, without any apparent relief. At this juncture I requested counsel, and Dr. Prichard having been called, an enema of the infusion of lobelia was administered. Only slight relief having been obtained, and next morning, finding my patient still suffering as intensely as at any time from the pain, and in addition thereto considerable nausea and vomiting, I was induced, by a careful comparison of symptoms with those produced by ipecacuanha, to prescribe that remedy. A few pellets of the second potency were placed on the tongue. The relief which followed was very prompt, and was truly surprising. The patient stated that she "felt" the influence of the remedy "before the pellets had fully dissolved in the mouth.

The patient soon fell asleep, and on awaking in two hours felt perfectly easy and free from pain. A slight paroxysm having returned during the day, another powder of ipecacuanha was administered, after which there was no recurrence of the disease.

During the two or three weeks succeeding this paroxysm of pain, the patient suffered from occasional attacks of vertigo, for which I gave bryonia, followed by sulphur.

Poisoning by Sulphur. By J. H. Stebbins, M. D., of Geneva.

The following case came under my observation twenty years ago, and is reproduced from notes taken at that time:

A little child two years old, daughter of J. K., with every indication of a vigorous constitution, had been given by her mother a small dose of sulphur and molasses, twice a day, for some supposed impurity of the blood.

On the evening preceding the attack of which I write, the mother had prepared nearly a tea-cup full of the mixture, containing more than a tablespoonful of the sulphur, when she was called into another room. She left the preparation within reach of the child, and, on her return, found the cup empty. The child had taken the whole of it. The mother felt no uneasiness, as it was only sulphur and could do no harm. The little girl was playful as usual during the evening, and slept soundly during the night. Early in the morning, however, she seemed unusually fretful and restless, and complained of being cold. The head soon became hot, and the extremities cold. Slight twitchings of the muscles of the face and extremities were noticed, which soon developed into a general convulsion. This subsided in a few minutes, consciousness returning slowly. This condition was followed in a few hours by a severe chill, succeeded by fever and perspiration, which lasted eight or ten hours. The chill then came on more severely than before, and as soon as reaction was fully established the spasm returned, this time in the tonic form, affecting first the right side, then the front of the body; afterward the back, and finally the jaws. The latter were so firmly set that nothing could be administered by the mouth. The whole abdomen had now become enormously distended and tympanitic, and the pulse feeble and intermitting. Simultaneously with the spasms, copious discharges from the bowels took place, of the consistence of thin mush, of a dark gray color, and very fetid. These were soon followed by subsidence of the spasms; the muscles immediately relaxed, and the child died instantly.

Although not generally regarded as a poisonous agent, and no instances of fatal poisoning with the drug are recorded in any work on toxicology that I am aware of, I am convinced, nevertheless, from the history of the case; the nature of the discharges; the sudden, fatal issue, and, moreover, the striking correspondence of the more prominent symptoms developed in the case with Hahnemann's proving of sulphur, that death was caused by the overdose of this drug. Whether, however, it was the direct action of the unchanged drug which produced these effects, or whether they were caused by the development and absorption in the alimentary canal, of sulphuretted

hydrogen, or some of the powerful changes to which sulphur is subject, are questions which I leave for others to decide. As no autopsy was made, all conclusions of a pathological nature are wanting.

Report of a Case of Facial Neuralgia. By O. E. Noble, M. D.

Mr. ——, aged about forty-five, of bilious temperament, dark hair and skin, of medium size and good proportion, had been afflicted eleven years with periodical facial neuralgia. During this long period of extreme suffering, he had recourse to, and, as he supposed, exhausted the entire skill and resources of the medical profession without obtaining any relief. He had submitted to be tortured by blistering, cupping, leeching, and even bleeding from the temporal vein, only to be disappointed and disgusted. He then turned from the regular profession to seek aid from the various nostrums extolled so confidently by charlatans for "nervous diseases." Here too, as with the narcotics of the "regulars," so with the "nervines" of the "irregulars," he found no relief. He had experimented with all the resources of the materia medica, not even omitting the renowned panacea, mercury; and why should not the bowels be punished because the face aches? Despair of ever obtaining any relief from medical aid had caused him to become as resigned to his distressed condition as a resolute man may be.

I visited the gentleman, who was a farmer, at his request. I found this to be an unusual and interesting case. It was about the middle of August, 1845, when I saw him. Not being satisfied with the mere nosological term for the disease, I inquired for and obtained the following history: "About eleven years ago was taken with severe throbbing and cutting pains in the right temporal region, in the eye, and also in the face. These pains come on about the first of July and continue three months, every day, and then leave until July again. These pains attack me at 12 M., and continue until 6 P. M., or passing noon they come on at 6 P. M., and continue until 12 P. M., thus lasting six hours. The rest of the day entirely free from all pain." Upon inquiry he informed me that the sight of the right eye was somewhat obscure, as if looking through fog. It was about 3 P. M. when I saw him, and he was then free from pain; he said it would come on at six. Believing that the simile was contained in the pathogenesis of belladonna, I prepared six powders of the third potency, containing about one-third drop. I told him to take one at 5 P. M. Taking the precaution to guard against anticipated

aggravations, he was directed not to repeat in less than three hours, and not at all if the pains should be worse than usual. If there were no change then to take a powder every three hours. Should there be an aggravation, half a powder at 11 A. M. About eight days after visited him again, and obtained the following account from him: "Took the powder at five, immediately the pain commenced (unusual) and lasted all night, (never before,) and with more intensity than ever, and passed off about six in the morning. Took another half powder at 11 A. M., as directed, a slight pain followed, after which there has been no more." It should be observed that at this time he was, as usual, experiencing the most pain, it being the hottest weather, and the middle of the three months. After this the case did not come under my observation until the next year. During the month of July I saw his wife, who informed me that there had been no return of pain.

Observations.—We have in this case another demonstration added to the ten thousand, and more than ten times told incontrovertible evidences of the therapeutic law being homœopathic. Local antiphlogistics, counter-irritants, derivatives, alteratives, purgatives, narcotics, sedatives, nervines, stimulants, and all other experiments failed for the reason that none of them contained the similar. As soon as a medicament is selected, according to the law "*similia similibus curantur*," and is taken into the circulation, the pressure upon the nerve is removed, and the pain ceases. Is there not in this case sufficient evidence to create or incite an inquiry in the mind of any physician who has the good of his patients at heart? Or will they claim that Dr. Forbes "third power" viz., unaided nature, came just at this time to the relief of the sufferer? A very weak power this, as well as tardy, requiring eleven years to accomplish its work of relief.

Clinical Experience with Cactus Grandiflora. By N. B. Covert, M. D., Geneva, N. Y.

Mrs. M——, thirty-eight years old, of nervous bilious temperament, called at my office April 11, 1868, complaining of the following symptoms: For several weeks past she had been suffering from palpitation of the heart, which had now become very distressing and severe. It was accompanied by pain in the cardiac region, great fullness about the chest, extending up to the throat; short breathing; oppression; anxiety, and a feeling of constriction, as though a band were clasped around the chest. The patient also complained of pain

under the left shoulder-blade, and a feeling of oppression during respiration. Pulse small, quick, and irregular, intermitting at intervals, especially when excited from any cause. Is despondent, and has great fear in reference to her recovery. The palpitation is worse at night, and especially before midnight, and when lying upon the left side, causing great restlessness and uneasiness. Her sleep was greatly disturbed, and it was very difficult for her to find a position in which she could obtain any rest, and only when bolstered up by several pillows. Her symptoms were aggravated by exercise, stooping, or fright, and at night, as above stated.

She had always been accustomed to attend to her own domestic affairs, and to do a large portion of the labor connected with the same, until disabled by the frequent attacks of palpitation. She is the mother of five children, the youngest about three years old, and has formerly suffered somewhat from leucorrhœa, but at present is free from any uterine diseases.

I carefully examined the patient's chest over the cardiac region, and the different sounds arising from the action of the heart, and blood vessels, were such as to satisfy myself that there was no organic disease of the heart.

This point being decided, it remained for me to select a remedy, if possible, that would relieve her of those distressing attacks. A few days previous to this I had occasion to refer to Dr. Rubini's proving of the cactus grandiflora, and this remedy, at once, suggested itself to my mind; and upon comparing her symptoms with it I found sufficient similarity to induce me to prescribe it.

I, therefore, gave cactus grandiflora second decimal dilution, four doses per day, requesting her to call again at the expiration of one week. My request, however, was not complied with, and I entertained fears that she had become disheartened, and had, perhaps, resorted to other means for relief. But such was not the case. Nearly a month, however, passed away before she returned, and then, to my great satisfaction, I found that the remedy prescribed had relieved those distressing symptoms almost immediately, and at the expiration of one week she felt so much better that she thought it unnecessary to call. She continued to improve from the first, and had resumed her place in the domestic affairs of her family, considering herself nearly well. She had, however, felt slight symptoms of its returning a few days before her last visit, and I again prescribed the same remedy, with like success, and she has now regained her health, and

has been entirely free from those distressing attacks up to the present time, February 1st, 1869.

Carbolic Acid. By N. B. Covert, M. D., of Dundee, Yates County.

Carbolic acid, discovered in the year 1834 by Runge, a German chemist, has remained comparatively unknown to the medical profession until within the past few years, and then recognized more frequently as an antiseptic and disinfectant of the first order, rather than for its remedial properties. It is prepared from the distillation of coal tar, and when pure is a white crystalline substance, the particles adhearing to each other with considerable tenacity. It is my purpose in presenting this remedy to our Society, to give my limited experience and also the experience of others who have used the carbolic acid in the treatment of the various forms of disease to which it seems best adapted, and has proved itself worthy of the notice of the medical profession.

As a surgical dressing, it is gaining high repute, and very may of our most distinguished surgeons, both in Europe and in this county, are meeting with remarkable success in its use. They give their united testimony in its favor.

Dr. Lister, Professor of Surgery in the University of Glasgow, has given, in the *Lancet*, an account of his experience with carbolic acid, which is well calculated to excite our interest in the use of it in the practice of surgery. He says:

"The first class of cases to which I applied carbolic acid was that of compound fractures, in which the effects of decomposition in the injured parts were especially striking and pernicious. The results have been such as to establish conclusively the great principle that all local inflammatory mischief and general febrile disturbance which follow severe injuries, are due to the irritating and poisoning influence of decomposing blood or slough. These evils are entirely avoided by the antiseptic treatment, so that limbs which would be otherwise unhesitatingly condemned to amputation, may be retained, with confidence of the best results. Since this treatment has been brought into full operation, and wounds and abscesses no longer poison the atmosphere with putrid exhalation, my wards, though in other respects under precisely the same circumstances as before, have completely changed their character, so that within the last nine months not a single case of pyæmia, hospital gangrene or erysipelas has occured to them."

If this statement be true (and we have no reason to doubt that it is), there is certainly much credit due to the remedy under consideration, especially as regards its use in the treatment of surgical cases in hospital practice, by preventing many complications so dangerous in their character.

In the treatment of burns, abscesses, ulcers, and bed-sores, it is undoubtedly of great value. In its application to burns, Dr. Liebold, of New York, has frequently used it for that purpose, combined with boiled linseed oil, taking one part of the acid to four parts of the oil. Its effects are surprising, relieving the pain very soon after applied; recovery takes place sooner than under other modes of treatment. In the treatment of abscesses, it is highly recommended. Dr. Boyce, in the Transactions of the State Society, for 1868, reports a case of abscess of the breast, of which he says: "A lotion was prepared and used, a small quantity made to enter the abscess. The suppuration began to diminish at once, and healed sooner than any case in the limits of my experience." If so efficient in this case, it is certainly worthy of a trial in other cases of abscesses, whatever their character may be.

In the treatment of ulcers, I have found it a most valuable remedy. The application of a solution of from five to ten grains of the acid to one fluid ounce of rose-water to the surface of an unhealthy fetid ulcer, will at once change its action and appearance, stimulating normal granulations, which lead to rapid healing and the relief of the patient. In cases of cancerous ulceration, where there is constant discharge, and the characteristic and almost insupportable fetor, I should expect carbolic acid to accomplish more than any remedy that I have known or used in such cases.

In ulceration of the cervix uteri, I have recently had an opportunity of testing its merits. Mrs. ——, who had been suffering over a year with ulceration of the cervix of the uterus, and had been under the treatment of several physicians. Their treatment, heroic in its character, failed to accomplish the desired object. But, on the contrary, the use of powerful caustics had seemed to increase the inflammatory action, causing the ulceration to extend, producing constant pain and discharge of a dark greenish color, excoriating, and always worse after the menstrual flow, which was very profuse, amounting almost to metorrhagia, and continuing six or eight days. After a careful examination of the case, I decided to use carbolic acid. It was followed by the happiest results. I

continued the application twice a week during the first month, and once a week during the second month. On my last examination found the case cured, the cervix looking smooth and natural, and the functions of the uterine organs more nearly normal than they had been at any time within the space of two years.

Another case which has interested me in the use of this remedy, is that of Mrs. P——, who, being pregnant, was attacked about the sixth month with pruritus, which proved to be quite severe and annoying. It was, however, controlled by remedies and local application, but was followed by an aphthous condition of the vulva and vagina, also of the os and cervix uteri. Upon making an examination, and finding this aphthous condition, I carefully wiped off the surface, through the speculum then applied the carbolic acid; in glycerine this application was repeated but once, and patient has had no return of it up to the present date, now nearly one month since it occurred.

The use of carbolic acid, in the lying-in chamber, to correct the unpleasant odor emanating from the patient, will be found a great source of relief both to patient and attendants. A few drops of carbolic acid in a pint of soft water, and used as an injection per vaginam, will be found efficacious in removing the unpleasant odor of the lochial discharge. This can also be accomplished by dropping a few drops of the acid in solution upon the napkin, and apply to the patient as usual.

As a remedial agent for the treatment of skin disease, I have not had an opportunity of testing it. Some claim that it is a specific for scabies, tinea capitis, and erysipelas, as well as other forms of skin diseases. I have used it in connection with remedies in a case of *crusta lactea*, applying it immediately after washing and cleansing the parts with soft water, with good results, and would suggest its use in similar cases as a local application.

The application and use of carbolic acid in the treatmet of catarrh and disease of the nasal passages, in which there is an offensive discharge, has met with universal commendation by those who have given it a trial.

In cases of ulcerated throat, scarlatina, anginosa, diphtheria, where the breath is very offensive owing to an ulcerated condition of the throat, a gargle of one to five grains of the acid to an ounce of pure water will relieve the fetor at once, and prove beneficial in this particular at least.

For pin worms in the rectum I have injected a solution of one to three grains of the acid to an ounce of warm water with perfect success. Dr. J. Hornby, of Poughkeepsie, N. Y., also states: "That it will be found curative in pin worms of adults and children to be used as follows: Five drops for children, ten for adults in half an ounce of tepid rain-water, syringed very gently into the rectum at night, when the vermin are most active and annoying. It does not require many repetitions to entirely destroy them and procure hasty relief from their torment, using it internally also in a higher dilution of one to five grains of the acid in an ounce of pure water.

In case of syphilitic sore throat, accompanied with ulceration and destruction of the mucous membrane, I have witnessed its use in hospital practice with the very best results. Dr. Bissell, of Utica, states: "In cases of worms in the alimentary canal, I esteem carbolic acid one of the most certain remedies. The known effects of the vapor of this drug to destroy the life of the smaller animals, induced me to try it in verminous disease."

This fact (of its power to destroy life) has been fully established by a series of experiments upon the smaller animals by Dr. W. Kempster, of Utica, N. Y.

The various forms in which carbolic acid has been used as a local application, are the following:

1. Simple lotion, or one part of the acid to from thirty to one hundred parts of pure, soft water.

2. In the form of a glycerole, or cerate, varying in strength from one to five grains to the ounce.

3. A mixture of the acid in boiled linseed or olive oil, in the proportion of one to four or six, is well adapted for burns, scalds, or kindred affections.

Since writing the foregoing, I have had further opportunity of testing the efficacy of carbolic acid. Mrs. W——, nearly seventy years of age, had received a fall while going down stairs, her feet slipping from under her, she struck upon the lower portion of the spine and the glutei muscles. But little pain was experienced at the time of the fall, and, therefore, no uneasiness existed in reference to it. Within two or three days after the fall, she was attacked with bilious diarrhœa and vomiting, and was confined to her bed for several days. During this confinement her attention was drawn to an aching, burning and stinging pain.

When first examined by her husband, a small abrasion was notice-

able only, and he therefore gave but little attention to the condition of the parts. Three or four days passed, the aching and pain continuing, I was called, and found not only a bed-sore, as her husband termed it, but gangrene and sloughing of the bruised parts. It had now extended about five inches in length and four in breadth. After removing the dead portions of the epidermis, and cleansing the ulcer which was extremely offensive, I applied the carbolic acid, ten grains of the crystals, to half an ounce of soft water, and ordered a poultice of slippery elm and pulverized charcoal. This treatment was continued for three days, using the acid morning and evening. At the expiration of three days I discontinued the use of the poultices, and prepared a glycerole of carbolic acid, viz.: One part saturated solution to two parts glycerine. This was applied three times per day and the parts dressed with simple cerate. The case improved rapidly from the first, and was cured at the expiration of the third week. Arsenicum and lachesis were administered internally during the treatment of the case.

ARTICLE LXVII.

Orange County Medical Society.

Organized November 12, 1853. Annual meeting, second Wednesday in October; semi-annual, second Wednesday in May.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORT:

TABES MESENTERICA. BY D. A. GORTON, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. D. C. Jayne.

Vice-President.—Dr. Charles M. Lawrence.

Secretary and Treasurer.—Dr. Ira S. Bradner.

Corresponding Secretary.—Dr. J. T. Hotchkiss.

Censors.— ——.

Delegates to the State Medical Society.—Drs. Jesse T. Hotchkiss, Charles M. Lawrence.

Members.

Drs. William A. M. Culbert, Newburgh, Orange county.
John J. Mitchell, " "
Ira S. Bradner, Middletown, "
Fredrick W. Seward, " "
Joseph Hasbrouck, Goshen, "
John W. Ostram, " "
Charles M. Lawrence, Port Jervis, "
E. A. Webb, Ridgebury, "
De Witt C. Jayne, Florida, "
Jesse T. Hotchkiss, Monroe, "
E. H. Noble, Montgomery, "
Charles P. Saxton, Warwick, "

B.

CLINICAL REPORTS.

Tabes Mesenterica. By D. A. Gorton, M. D.

In fixing upon a definite and just name for this formidable malady, the same difficulty is experienced as with other diseases of far less

magnitude. The predisposing and proximate causes of any disease may be the same; and yet, in the course of its progress and the variety of tissues implicated, conditions of a very different nature may be developed, each of which, according to the prevalent mode of nosological classification, would be entitled to distinct designations. Thus in the disease under consideration. There may be simple mesenteritis, excited perhaps by contiguous inflammation of the bowels, or peritoneum—one or both—or there may be induration of the follicular and mesenteric glands, or hypertrophy of the same, all of which would be mesenteric disease, and possibly all might be dependent on the same predisposing cause, viz., scrofulosis. None of these, however, would justify the use of the term *tabes*, which signifies in plain English a wasting or consumption of the part to which it is applied. Still, the long continuance of any form of disease of the glands of the mesentery would inevitably result in destruction of nutrition, and a universal wasting of the body, *i. e.*, a *tabes*, or more properly, marasmus.

Nosological writers have tried hard to find a term that would convey a just definition of the various forms of chronic mesenteric disease, with, however, little success for the reasons already stated. Hoffman termed the disease atrophia mesenterica; Sydenham, febris hectica infantum; Sauvages, scrofula mesenterica; Cullen, tabes scrofula; Good, parabysma mesentericum. Other names have also been suggested with equal satisfaction as, for example, mesenteric fever, chronic mesenteritis, etc. The term tabes mesenterica is most used and, therefore, the best understood, for which reason only is retained in this paper.

Tabes mesenterica although occurring in rare instances in adults, is essentially a disease of early childhood. This fact no doubt led to the solution of such names as tabes infantum, marasmus infantilis, atrophia infantilis, etc., which occur in works of old authors.

The subjective symptoms of tabes mesenterica have been succinctly stated by Dr. Copeland: "Distention and enlarged abdomen; emaciation gradually increasing; irregular and otherwise disordered bowels, and ultimately hectic fever from enlargement and disease of the mesenteric glands." (*Medical Dictionary*). I comprehend in my definition of this disorder all those morbid changes of the glands of the mesentery and enteric mucous membrane, which produce the characteristic derangement of digestion and nutrition. The organic lesions which follow this derangement have been well described by

the author just quoted. The glands of the mesentery are hypertrophied. They increase in size to such an extent, in some instances, as to be perceptible to the touch through the walls of the distended abdomen. But the hypertrophy does not stop here. The follicular glands of the mucous membrane, and the absorbent glands throughout the system, become implicated in the same morbid process. As the disease progresses, the mesenteric follicular glands soften and ulcerate,* producing peculiar diarrhœa and hectic fever. I have myself observed several cases, when there was reason to believe suppurative inflammation existed throughout the entire length of the alimentary tube from the mouth downward. Similar lesions take place in other organs of the body, as the brain, lungs, liver, spleen, pancreas, etc. This form of mesenteric disease is almost exclusively confined to children at the breast, and those in process of weaning.

Another and not less fatal form of the disease is occasionally observed in adults chiefly, and consists of induration not only of the mensenteric glands, but also of the absorbent glands throughout the system. In cases of this kind, the abdomen is sunken and hard; the bowels extremely constipated. The unhappy victim is hypochondrical and, despite a voracious appetite and its full indulgence, gradually wastes away and dies from lingering starvation. This disease is properly termed marasmus, which it is not proposed to discuss here.

Causes.—In respect to the causes of this formidable malady, few will hesitate to concede that a strumous habit of the body is chief among the predisposing causes. Unfavorable locations, breathing impure air subject to a miasmatic atmosphere, privation of light or sunshine, sleeping in low unventilated apartments, personal uncleanliness, difficult dentition, improper and insufficient food, and other depraving, irritating and debilitating influences are also among the predisposing causes. Dr. Copeland and others regard, with questionable propriety, the "epoch of infancy and childhood" as predisposing causes. I am not prepared to admit that infancy or childhood, youth or maturity, has anything to do with producing or disposing to disease of any sort.

Unhappily, the exciting causes are numerous enough. Among the most prominent may be mentioned improper food furnished at unreasonable hours; too early and too radical changes in diet; neglected diarrhœa and then gastric disorders; too free indulgence in

* Watson says they enlarge but never ulcerate.—*Practice of Physic.*

crude and inapplicable drugs, such, for example, as calomel, aloes, rhubarb, castor oil, glauber salts, nitre, etc., with which over-anxious and ill-advised nurses and mothers so frequently ply themselves and their little ones; insufficient clothing, and sudden exposure to cold and inclement weather, by which atonic congestions and inflammations are induced; scrofulous nurses; inattention on the part of the nurse to the kind and quality of her own diet, to habits of cleanliness and chastity; in brief, any error of circumstance or condition which tends to irritate her milk and disorder her general system, is a direct and palpable cause of exciting this form of disease in her child.

Symptoms and Diagnosis.—For convenience of description, the disease, as occurring in childhood, may be divided into three stages, as follows:

1. The premonitory symptoms of mesenteric disease are not peculiar. There is obvious indigestion; the bowels are loose; the appetite capricious; the child exhibits considerable languor, throws up its food, is fretful and restless day and night. The doctor says its food disagrees and is not at all appropriate; he recommends, perhaps, farina gruel, or, may be, arrow root; not unlikely malt, and, more than likely, mutton broth, without regard to age or condition. Each is faithfully tried in its turn, but the child grows rapidly worse.

2. The second stage supervenes. The child has fever; its little hands are hot and dry; there is much thirst and manifest hunger, indeed the appetite is voracious; the bowels move hourly, the stools are lienteric, watery, of deep yellow color, commingled with green; there is much flatulence; the abdomen is bloated and tympanitic. He may have been ill but a few days, and already the disease has made fearful draughts on his strength and flesh; foolish but well-intentioned experiments may have been instituted to nourish the little sufferer, but evidently with no success.

3. The third stage, arbitrarily speaking, finds matters still growing worse. Emaciation and hunger, always characteristic indications of the disease, are now more than ever prominent and ruling symptoms; the skin, owing to the extreme wasting, literally hangs in wrinkles from the limbs; the stools are not less frequent, often fetid, mixed with the ingesta, watery, sometimes amber colored, sometimes white and chalky, at others, still, green as grass; hectic fever, colliquative sweats occur, with frequent rigors; restlessness continues; the pulse is frequent, thread-like and compressible; the features are pointed; eyes either dull or glassy; the voice at this low stage of the case is

hardly human; its faint whines resembling more the feeble bleating of new-born lambs; the bowels may remain swollen to the close, but not frequently they become sunken, and exhibit, in common with other parts, an extremely wasted appearance. Well may Sydenham have designated such cases "febris hectica infantum."

When lung complications exist, which is not unfrequent, it is at the later stages they assume the most serious aspect. In addition to the symptoms already noted will be cough; enlargement of the cervical and bronchial glands; ulceration of the throat and the characteristic signs revealed by percussion and ausculation. I have known infants of a few months old afflicted with the disease, cough and raise like old tubercular patients.

It will be observed that I have related above the symptoms, such as will be presented in a case of the disease allowed to run its course unchecked. All cases, happily, do not present this serious phase, because early and effective medical treatment arrests its progress. I always feel proud of my art and satisfied with myself when conscious of having thus arrested the malady and saved the little innocent from a premature and torturing death.

Prognosis.—In respect to the prognosis, much might be said; but would it not be better to read what respectable allopathic authorities say on this point?

Dr. Copeland writes: "When the disease is clearly manifested, the prognosis is unfavorable; and no hopes of recovery should be entertained when it is associated with tubercles in the lungs, or with chronic peritonitis. On the other hand, when the disease is not far advanced, and before hectic symptoms are established, or the emaciation becomes great, or the stools have assumed a chalky or lienteric appearance, hopes of recovery may be entertained, although, even in these cases, a cautious prognosis should be given. The younger the child the greater is the danger. The causes and complications of the disease should also in some degree influence the prognosis. When these causes admit of removal; when unwholesome food and impure air produce the malady, and may be removed; and when intestinal irritation is the only complication, then, a more favorable opinion may be given than under other circumstances." (*Medical Dictionary.*)

Dr. Good writes: "Yet it is only in recent and uncomplicated cases that we can fairly hope for success, let our medical plan be what it may. In the scirrhous, sarcomatous, steatomatous and, especially, the fungous modifications and, more especially still, where

several of these are playing their parts simultaneously, the art of medicine may possibly retard, but can never entirely ward off the fate that is approaching, with perhaps, a slow unperceived, and insidious, but, at the same time, with certain and irresistible stealth of footstep." (*Study of Medicine;* article, Parabysma Mesentericum.)

Dr. Watson writes: "This (tabes mesenterica) is not only a very common, but a very fatal disease among children and young persons. The glands of the mesentery enlarge and become charged with tubercular matter. * * Their enlargement is commonly connected, with scrofulous disease and ulceration of the mucous follicles of the intestines; and the little patients die because the lacteals are no longer able to take up from the food a sufficient supply of nutriment (?). They die starved. But some few cases do recover from tabes mesenterica." (*Watson's Practice of Physic.*) Dr. Dunglison also remarks, that the prognosis "is usually unfavorable." (*Medical Dictionary.*)

Such briefly is the allopathic estimate of this truly terrible malady, and the confidence which they repose in their method of treating it. What graver comment could be made against a system of therapeutics than that it were impotent in the treatment of a disease, or class of diseases, not strictly self-limited, and which by nature tend irresistibly to death?

The propriety of rendering a cautious prognosis in so grave a disease as tabes of any kind, is not to be questioned. It *is* fairly questionable, however, that we are not to hope for success except in "recent and uncomplicated cases," "let our medical plan be what it may." Although it is freely admitted that many cases will die despite *our* "medical plan," from causes and circumstances not within our control, yet when we are able to remove the direct exciting causes of the disease, in other words, to place the patient under favorable relations to life, such as appropriate food, proper clothing, fresh air and sunshine, we should not only hope, but confidently *expect*, to save our patient, whatever may be the specific predisposing causes which we have to contend against.

Treatment.—The indications of treatment may be briefly stated thus: First. To sustain by appropriate regimen the vital powers. Second. To cure the disease and existing complications.

The means best adapted to consummate this most desirable result are often difficult to discernment, and when ascertained, frequently, it must be confessed, prove inadequate for the purpose. They consist of

1. *Agents of hygiene*, embracing the natural requirements of the system in health and disease; such, for example, as appropriate food and drink, fresh air, plenty of sunlight, cleanliness, change of location, appropriate exercise, etc.

2. *Remedial agents*, consisting principally of arsenicum album., baryta carb., chamomilla, calcarea carb., iodium, phosphorus, sulphur. Other remedies have been suggested, and will sometimes be found serviceable, chiefly as auxiliary aids in the treatment, it is believed, such as belladonna, asafœtida, causticum, cina, china, hepar, lachesis, magnesia, nux vom., petroleum, pulsatilla, staphysagria, etc.

Hygiene.—The diet and regimen of the patient are of the first importance. Failure in meeting the hygienic demands of nature would compromise the otherwise most skillful treatment. A trifling error in diet, either in quantity or quality, or time of administration, may aggravate an existing intestinal irritation, or produce one where it did not exist previously, and render abortive the most wisely selected remedy. More attention, therefore, to the subject of diet, especially, is demanded of the therapeutist, if he would cure his patients of intestinal and digestive disorders.

What are the indications of diet in this malady? Obviously, the selection of such articles of food as are easy of digestion, and which, at the same time, meet all the circumstances and constitutional peculiarities of the case. This is by no means an easy task. There are, it is true, certain general principles to guide us in selecting the proper food; but even with these, valuable as they are, and must be, much must necessarily be left to individual experiment.

Milk is the only pabulum designed and purposed by nature to nourish the young mammal; and experience proves it best adapted to fulfill the requirements of food for infants, either sick or well. Privation, or insufficient supply of the mother's milk, in a majority of cases of tabes infantilis, is the chief exciting cause; and if the disease be fully developed, and the child very young and frail, no time should be lost in providing for it a full supply. If it be impracticable for the mother to nurse the little sufferer, a wet-nurse, of good condition and appropriate age, should be gotten at once. Do not delay. It were useless to proceed with remedies, and leave the indication of diet, so clearly manifested, unheeded. A few days experimentation with rank cow's milk, or the milk of goats or asses, or raw beef; or, still worse, farinaceous preparations and nauseating malt, and the various but inappropriate broths so commonly used, will find the

disease far advanced, and, may be, beyond hope of recovery from any source. With the restoration of its natural pabulum, that good which Infinite wisdom expressly provided for it, the chief cause of gastric and intestinal irritation will be removed, and reasonable ground of hope furnished thereby that the disease may promptly yield to remedies.

In other cases, the necessity of woman's milk may not exist. The child is farther advanced in years. There are, perhaps, four, eight, twelve or sixteen teeth. The period of infancy, with most of its perils, is already passed. In such cases, fresh, undiluted cow's milk, or the milk of goats, rarely, even that of asses, may be demanded, and prove the great desideratum, easy of digestion, and, consequently, soothing to the intestinal disorders. Cases will occur, however, even among children thus advanced, where the milk of those animals disagrees. It makes its appearance, undigested, in the stools, and solid pieces of curd, frequently of considerable size, are ejected from the stomach. If such disagreement be radical, and does not yield promptly to homœopathic remedies, arrowroot may be given instead, and will often prove a valuable substitute.

Another valuable substitute for milk, in the treatment of tabes mesenterica, and other intestinal disorders of young children, is mutton broth. I have known children of a few months old, doomed by pitiful circumstances to the bottle, thrive well on mutton broth, when all other unnatural preparations had proved indigestible and disease-producing. Chicken broth is sometimes useful, under similar circumstances and conditions; and, although, not possessed of all the virtues of the broth of mutton, affords the patient an accessible, and often agreeable, change of diet.

When the disease occurs at a still later period of childhood, numerous other articles of diet are allowable and, indeed, highly serviceable in sustaining the vital powers and improving his condition; such, for example, as the essence and extract of beef, raw beef, farina, rice, hominy and other farinaceous products; toasted bread, baked potatoes, grapes, etc. Where the teeth are developed it is fairly presumable that the digestive powers are so also, and both kingdoms of nature, the vegetable and animal, are free to the patient from which he may draw his nourishment, that which experience shall have proved best for him.

The regimen in other respects must be judiciously prescribed. The patient should be dressed in flannel and plenty of it. Its sleep-

ing apartment should be elevated, exposed freely to sunlight and well ventilated. Warm water baths to the extent and for the purpose of cleanliness, nothing further, should be given. Allopathic authorities have, with questionable propriety, recommended saline baths. But, what have they not recommended? When one reads over the list of remedies and recommendations which they have suggested for this malady, it seems as if all the devils in pandemonium had conspired with them in the destruction of the infant race. It should be borne in mind that there is far more danger in bathing these patients too much than too little. Exercise should not be neglected, and it must be tempered to the age and condition of the child. If an infant, and the season and state of the weather do not forbid, he should be taken out of doors daily. If he be too feeble to endure the jolt of a carriage, carry him in the arms gently; care being taken in all cases to avoid undue exposure and fatigue.

Change of location, for reasons not clearly understood, is generally attended with good results. The free country air is preferable to the vitiated atmosphere of closely crowded cities. Residence by the sea-shore, inhaling the saline breezes, is with this, as with many other scrofulous maladies, highly salutary. In older patients, the advantages of a sea voyage must not be under estimated. The disease is thus stayed, and its effects eradicated, many a time when, inland, the medical art seemed unavailing.

Sleep is also highly important; use every means consistent with reason to promote it. Keep the patient free from exciting causes. Make no draft on his mentality. If sleepless, do not poison his brain with anodynes, but relieve it by appropriate homœopathic remedies.

Wet-nurse.—In selecting a wet-nurse, particular care should be taken that she be sound in body and mind. Avoid one whose secretions are foul. If she have catarrh, habitually loaded tongue, offensive breath, hacking cough, chronic diarrhœa, tumors in the mammæ and axillæ, copious and excoriating leucorrhœa, or either of them, reject her. She is not a proper person to serve any child in that capacity. It is highly proper also that the age of her milk should approximate that of the patient as nearly as possible.

The influence of a wet-nurse over the destiny of the patient is very great. Her conditions, both physical and mental, react upon and modify those of the child. She may undo by erroneous habits all that our art can do and as fast. She deserves special attention, therefore, at our hands.

Her regimen should be strict; her diet generous and regular; she should have sufficient sleep. It will not do to overwork, nor subject her to undue exposure; still she requires, for the patient's sake, plenty of exercise. Care should also be taken of her person; when ill, prescribe for her without delay; an occasional sponge-bath will, I venture to say, not only improve her personal condition, but prove highly serviceable to the health of the one whose very life she supplies.

If the secretion of milk become, from any cause, defective or insufficient, do not allow her ale, whiskey, nor "strengthening" bitters so much in use, with the view of correcting the difficulty. In most cases a diet of bread and milk and beef soup, in addition to the more hearty food, will supply the want. If the difficulty be not amenable to a more generous diet, ascertain its precise nature and remove it homœopathically.

These small details may seem unimportant to many, and it is for that reason, and also because they are so often disregarded in practice, and with too often fatal consequences, that I linger upon them. It should always be borne in mind that judicious attention to diet and regimen, in respect to both nurse and patient, is of the first importance, without which, in severe and fully developed cases, the best remedies will be prescribed in vain.

Remedies.—In attaching so much consequence to diet and regimen in the management and care of this disease, I trust not to be understood as underrating the value of appropriate remedies. I say appropriate remedies. The term appropriate in this connection is used with its full signification; for it were ten thousand times better that the case be left entirely to the beneficent influences of a correct regimen, than that repeated doses of drugs, large or small, be given, the nature and effects of which are unknown, or if known, entirely disregarded. Better do nothing at all than to do the wrong thing. Wait, study the case awhile, and become, if not already, familiar with its essential features. The patient can far better afford to wait a day or two longer, and would, no doubt, prefer to do so if he was capable of intelligent choice rather than incur the risk of taking inappropriate and incongruous drugs. Having definitely ascertained the disease and its specific counterpart, the remedy, we may proceed with our prescription in the full assurance of, at least, doing no harm.

In this connection Dr. Dunglison's words of advice, himself a venerable allopathic author, and writing for the benefit of allopathic

physicians, are singularly pertinent. How many precious little lives would be annually saved if they were heeded! He writes: "The physician exhibits his skill by controlling disease by appropriate regimen, rather than by administering combinations of whose effects he often knows little, and where much of his practice must necessarily be involved in conjecture. The science of medicine is more demonstrative than is usually imagined; and, when the case is not so, the practitioner had better, for the time, do nothing. Any experiment may have one of two opposite results: it may do good or harm, and hence, a practitioner is not justified in administering a powerful medicinal agent at random. If he be desirous of instituting experiments, he ought to take example from some modern therapeutical inquirers in Germany, and make them upon himself rather than upon his patients." (*Therapeutic Materia Medica, vol.* 1, *p.* 24.)

If, then, we would cure these patients, for cure them we must, if cured at all, it is obviously necessary, first, that the true nature and seat of the disease be discovered. Second, that the exciting and predisposing causes be definitely ascertained. Third, the pathognomonic symptoms be fully noted. Fourth, that a remedy be selected whose pathogenetic symptoms in their entirety exactly correspond to the totality of the symptoms of the case. When this analysis shall have been made, our medicines can be administered with a positive certainty of doing good.

Clinical Observations.—The following clinical observations must not be regarded as in any sense exhaustive. Such indications only are given as have been repeatedly verified by successfully treated cases in my own practice, and which, for the most part, are justified by the record of trustworthy provings.

Arsenicum alb.—Great physical prostration and emaciation; skin cool and dry, or dry and burning; abdomen distended and hard; swelling of the mesenteric glands; stools frequent, excited by eating and drinking, mixed with ingesta, green, slimy, and watery, offensive or oderless; inordinate appetite; insatiable thirst for cold water; nothing seems to satisfy the patient; frets, and moans, and tosses about; excessive restlessness; as a child, desires to be carried about constantly, day and night.

Arsenicum is rarely, I believe, indicated in the beginning of a disorder, neither will it cure it when fully developed. It is capable, however, of mitigating the patient's suffering, and improving his condition generally. It is of great use, nevertheless, insomuch that it

frequently renders the disease amenable to the influence of other and more appropriate remedies. It seems to be more appropriate to the stage of ulceration than of induration. Hence, in the later stages of the malady the drug reaps its best laurels. Even where the disease is beyond the hope of recovery, arsenicum will often do more to soothe and comfort the last hours of the patient than all the anodynes put together.

Baryta carb.—This drug is more appropriate in children of advanced age, and in cases of induration and enlargement of the glands. The abdomen is tense and inflated; stools loose and pappy, or hard and dry; immoderate appetite; troublesome inflation of the stomach after meals; enlargement and induration of the tonsils; sound of bells in the ears; eczematous eruptions on the face and scalp; dry harsh skin, etc.

Calcarea carb.—Applicable to all ages of the patient and in all stages of the disorder, except, perhaps, the very last, calcarea carb. is one of the chief and most successful remedies against the disease. Given early, in sufficiently high potency, in cases to which it is truly homœopathic, and the malady need never put on its serious phases. In cases fully developed, I believe it not incapable, frequently, of meeting every requirement singly and alone. The chief symptomatic indications are: Scrofulous and cachectic children, with tumid abdomens and tendency to emaciation; appetite voracious; morbid craving for indigestible articles; milk disagrees; the child is uneasy from flatulence and colic; loose stools of creamy color and consistence, fetid and frequent, sometimes watery and calcareous and mixed with undigested substances; worms; wetting the bed; difficult dentition; nocturnal perspiration; loose cough; heat at night; hardness and swelling of the glands of the neck; great bodily weakness, the mind, however, is clear and often precociously developed.

Chamomilla.—Mention of this remedy is made here only to remark that its early and judicious administration to children at the breast, will in many cases remove the existing causes of the disorder, such as offensive diarrhœa and indigestion so peculiar to infants, and thus prevent the development of the malady.

Iodium.—This remedy is highly valued by allopathic physicians in the treatment of tabes of every form and variety. And the study of its pathogenesis would lead one to believe the confidence reposed in the drug by them, well-founded. The pathogenetic symptoms rendered by Jahr, closely ally it to calcarea carb. and sulphur in

the treatment of mesenteric disease. I regret to say, however, that in my hands it has not yielded the results which its pathogenetic symptoms had led me to expect. Has it in other hands?

Sulphur.—This drug should stand at the head of the list in scrofulous affections. There is, probably, no remedy in the Materia Medica Pura, whose sphere of usefulness can compare with sulphur. Well might the excentric Paracelsus have declared it one of the three great types of remedies, mercury and salt being the other two.

Sulphur is applicable in all conditions and stages of the disease. Unlike most other remedies, in cases to which it is truly homœopathic, it fulfills all the indications of treatment from the beginning to the end. It resembles calcarea carb. in that respect. It is superior to the latter remedy, however, in other particulars. It is more prompt in its action, and possesses superior range of virtue. It is, moreover, more generally appropriate to desperate stages of the malady under consideration.

It should be observed that sulphur possesses prophylactic virtues against mesenteric disease. In young children of scrofulous mothers, especially if the teeth develop slowly, and with constitutional irritation; if milk disagrees, and there be colic and distention and soreness of the abdomen, fetid and frequent stools, sulphur given in high potency will often afford prompt and permanent relief. When the disease is complicated, and the indications of treatment obscure and ill-defined, sulphur may be given cautiously, if an exception may be allowed to a former remark, until a more complete individualization of the case be obtained.

Phosphorus.—This remedy ranks with sulphur in tabes mesenterica. In later stages of the malady, and when the disease is complicated with phthisis pulmonalis, the drug has its superior only in sulphur. In phthisical adults, with mesenteric disease superadded, a complication frequently met with in practice, presenting the following symptoms, phosphorous will be found an invaluable remedy:

"Great weakness and paralytic lassitude, which sometimes comes on suddenly, especially in bed in the morning, or after a short walk. Fainting fits. Inability to remain in the open air, specially when it is cold," and great tendency to take cold. Atrophy of the lymphatic glands, and of the whole body. Sharp ringing cough, day and night, mostly dry. Soreness and painful dryness of the throat. Dainty appetite. Any excess in eating is followed with increased diarrhœa.

Bowels sunken. Periods of accession and decline of the cough alternate with diarrhœa. Stools from six to eight daily, occurring both day and night. Serous stools, of greenish or grayish color, offensive and mixed with the ingesta. Painless stools, followed with lassitude, and aggravated by eating and drinking. Great desire for cold drinks; especially cold water; which seem to produce less inconvenience than warm fluids. Night sweats.

Young children with sprightly nervous temperaments, who have large heads, bright eyes and sharp features, presenting the following symptoms and conditions, generally find a remedy in phosphorus. Rapid wasting of the flesh, and great exhaustion. Mental activity. Sleeplessness. Voracious appetite. Engorgement of the glands of the mesentery, neck, throat and groins. Tumid, or "tub-shaped" abdomen. Stools frequent, lienteric, watery, greenish, or amber color; attended sometimes with griping, at others entirely painless; offensive or odorless. Milk produces colic. Coldness in the morning, and fever in the afternoon. Copious and exhausting perspiration, chiefly after sleeping. Pulse frequent, thread-like. Dry, hacking cough. Shortness of breath. Respirations greatly accelerated.

ARTICLE LXVIII.

Oswego County Medical Society.

Organized 1861. Annual meeting, second Tuesday in June; semi-annual, second Tuesday in December.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORT:

REPORT ON EPIDEMICS IN THE FIFTH DISTRICT, BY T. DWIGHT STOW.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. T. Dwight Stow.

Vice-President.—Dr. L. B. Waldo.

Secretary and Treasurer.—Dr. George D. McManus.

Censors.—Drs. G. B. McManus, A. Pool, and L. B. Waldo.

Delegates to the State Medical Society.—Drs. L. B. Waldo and W. L. Woodbury.

Committees.—Dr. W. W. Rundell, Theory and Practice; T. D. Stow, Pathology; W. L. Woodbury, Epidemics; G. D. McManus, Surgery; L. B. Waldo, Diseases peculiar to Females; Mrs. Harriet Rundell, Diseases of Children.

Honorary Members.

Drs. W. A. Hawley, Syracuse, Onondaga county; A. R. Morgan, Syracuse, Onondaga county; C. W. Boyce, Auburn, Cayuga Co.

Members.

Drs. Lyman B. Waldo, 92 West 3d street, Oswego, Oswego county.
Augustus Pool, 232 West 1st street, " "
Geo. D. McManus, 23 East Bridge st., " "
W. L. Woodbury, cor. Cayuga and 2d sts., " "
T. Dwight Stow, cor. Oneida and 3d sts., " "
Garrett Smith, cor. 2d and Bridge sts., Phœnix "
W. W. Rundell, Main street, Mexico, "
Harriet Rundell, " " "

B.

CLINICAL REPORT.

Report on Epidemics in Fifth District, by T. Dwight Stow, of Fulton.

Having been appointed a committee on epidemics, for the fifth judicial district of this State, composed of the counties of Onondaga, Oneida, Oswego, Jefferson, Herkimer and Lewis, I herewith transmit the following brief report:

At the time of my appointment, and during the session of the State Medical Society, I requested members and delegates from the above named counties, who were then present, to report to me whatever would contribute to the interest of the State Society in relation to epidemics. Since then, at two or more meetings of the Homœopathic Medical Society of Central New York, by private correspondence and personal interview, I have solicited reports relating to epidemics, as they may have appeared in this district. As yet, no communications have been received; I am, therefore, obliged to limit this report to epidemic scarlatina and pertussis, as they have come under my observation in the county of Oswego.

During the spring and summer months of 1868, and the late autumn and winter months, these diseases have been present. Scarlatina appearing and continuing during the former, and pertussis the last named period. During the subsidence of scarlatina, its anginose variety often closely simulated diphtheria. Nearly all of the cases which appeared as early as May were more than usually severe. The attack, course and decline presented features strongly calculated to excite alarm. Homœopathy stood the test as well, if not better, than usual. I have not heard of any deaths, save from secondary symptoms, or the sequelæ of scarlatina, and only two or three from these causes.

Cerebral symptoms, very greatly excited carborific functions and conditions, restlessness, angina, extensive desquamation, have been more striking and characteristic of these cases than usual.

Among the symptoms indicative of cerebral disorder, were spasms, blindness, stupor, mental hebetude, deafness, cretinism.

Itching has been a prominent symptom, and the more positive in character the less the desquamation, and more favorable the prognosis. Very few patients had troublesome sequelæ. In many cases small abcesses, or minute, pea-sized furunculi were abundant.

A majority of cases occurred in children of from three to seven years of age. In most of the cases, occurring in children between the ages of seven and fourteen years, the sufferers were boys.

The thermometrical and barometrical conditions were, on the whole, quite favorable, it being comparatively warm and dry. The remedies chiefly employed were aconite, belladonna, bryonia, baryta carb., calarea carb., rhus tox., arsenicum, apis mel., mercurius sol. and vivus, kali bich., lachesis, lycopodium, veratrum and sulphur.

Of these remedies not one has been given in alternation, and, with the single exception of aconite all have been used in the two hundredth potency. Only one case required a lower potency of aconite than the thirtieth, while in the majority of instances it was given of the two hundredth and in aqueous solution.

My experience in the treatment of scarlatina prompts me to adopt and recommend—1. Single remedies. 2. High potencies. 3. Infrequent repetition, particularly of aconite and belladonna. I am really afraid to repeat aconite, belladonna and rhus tox. Of aconite not more than three doses are generally necessary, and these not oftener than at intervals of three hours. Of belladonna two doses in twenty-four hours are generally sufficient. Rhus tox., about three doses per diem. When decided aggravation or improvement followed I suspended all medication.

The indications for the use of the several remedies are as follows:

Aconite. High temperature; frequent pulse; sleeplessness with restlessness; inconsolable anguish; thirst; fear; red, hot bloated face, with palor on rising.

Belladonna. Scarlet redness of surface; pharyngeal redness; clean and dark red tongue, with prominent papillæ; wild, glistening eyes; stupor; slavering; wild delirium; starting in sleep, and itching.

Apis mel. Sudden swelling of the surface, œdema; delirium when the eruption suddenly disappears, or when it fails to appear on the surface; ulcerated angina; little thirst; scanty, high-colored urine, with dropsical conditions; cerebral symptoms, such as boring the head into the pillow, shrieking, squinting.

Bryonia. Sleeps with lids half closed; easily vexed, irritable; dry mouth, lips, throat and tongue; fever; bitter taste and thirst; lower lip cracked.

Rhus tox. Typhus conditions; rheumatic conditions, aggravated on first motion after rest; itching relieved by heat and scratching, aggravated by wetting the parts.

Mercurious sol. and vivus. Anginose variety; dirty, yellow coating of tongue, clean at the tip; foul breath; itching and restlessness, aggravated by sweating; swelling of parotid, submaxillary and lymphatic glands; ptyalism, hawking and spitting.

Lachesis. Pharyngeal angina, commencing in left side of fauces and extending to right side. Ulceration of tonsils, with purple hue of areola; pain passing to left ear on swallowing; sensitiveness of throat, or neck, to external pressure; typhus conditions, with dry, dark-red tongue, cracked at the lips; on attempting to put out the tongue it sticks to the lower teeth

Arsenicum, baryta, calcarea and sulphur have been chiefly used for the sequelæ, to enumerate which would occupy more space than the limit of this paper will allow.

Pertussis, like scarlatina, has been well marked. It appeared first in December, and is now (February, 1869) holding sway in towns on the west side of our river. It will not be necessary to say more than that nearly every case has been very severe. I have so far used only five remedies in the treatment of the cases, for which I have prescribed, viz.: Belladonna, cuprum met, nux vomica, pulsatilla, kali bichrom.

Cuprum met has been used of the third potency, and in aqueous solution; kali bich.^{30} in water, while the rest have been used in the two hundredth. My success has been all that can be desired, three prescriptions being all that the majority of cases required. All the cases have been materially relieved and the duration of the disease shortened.

The indications for the administration of remedies were as follows: Cuprum met, long paroxysms of suffocation, cough, spasmodic constriction of the chest; the patient wishes cold water after the attack; the patient is relieved by drinking cold water.

ARTICLE LXIX.

Otsego County Medical Society.

Organized June, 1868. Annual meeting, second Wednesday in June; semi-annual, second Wednesday in January.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORT:

HYDROCEPHALUS ACUTUS. BY DR. CASPAR BRUCHHAUSEN.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Nornman Getman.

Vice-President.—Dr. T. S. Blodgett.

Secretary and Treasurer.—Dr. J. T. Wallace.

Censors.—Drs. C. W. Fox, R. E. Miller, M. Matteson.

Delegates to the State Medical Society.—Drs. J. H. Foote and E. B. Warren.

Committees.—Drs. J. T. Warren and M. Matteson, Epidemics; C. W. Fox and E. B. Warren, Surgery; J. H. Foote and T. S. Blodgett, Materia Medica; R. E. Miller and C. W. Fox, Diseases of Women and Children; M. Matteson and C. W. Fox, Obstetrics.

Honorary Members.

Drs. T. C. White, Rochester, Monroe county; C. Bruchhausen, 55 South Main street, Norwich, Chenango county.

Corresponding Members.

Drs. S. C. Warren, Syracuse, Onondaga county; J. R. White, New York, New York county.

Members.

Drs. Charles W. Fox, Morris, Otsego county.
Merrit Matteson, " "
Erastus B. Warren, Middlefield, "
T. S. Blodgett, Cooperstown "
Norman Getman, Richfield Springs, Otsego county.
Moran J. Matteson, Butternuts, "

J. T. Wallace, New Berlin, Chenango county.
R. E. Miller, Oxford, "
Clement N. Guy, Davenport, Delaware county.
J. H. Foote, Franklin, "

B.

CLINICAL REPORT.

Hydrocephalus Acutus. By C. Bruchhausen, M. D., Norwich, Chenango Co., N. Y.

One of the gratifying results of the introduction of homœopathy, is the better success in the treatment also of infantile diseases, the dread of fond parents, and the bane of the country, in some seasons visiting families with an effect similar to that of the noted plagues of Egypt. Who does not remember the ravages by scarlet fever, diphtheria, and cholera infantum, sweeping through whole neighborhoods unchecked by medication. On the contrary the little beneficiaries of tiny pills, and diluted drops, although not appreciative for the present, unless of finding them more palatable than apothecary drugs, will speak volumes in the future, and stand living monuments of Hahnemann's doctrines and disciples.

Among that class of dangerous maladies which principally befall childhood, not an epidemic nor endemic, but no less fatal, belongs to the so termed hydrocephalus acutus.

The difficulty of cure arises partly from the tender age when it is apt to happen (a few weeks, to five to seven years of existence), partly from the nature of the organ attacked, central as it is, of the whole nervous system, on which so much for action or reaction depends.

Old school practitioners, can boast of but few favorable issues, obtained by their course of bleeding, physicking, blistering, puncture and trepans usually pursued, or by opiates largely administered under a mistaken diagnosis. That it, however, can be and has been cured, I am happy to testify by a number of cases, which came under my own observation and attendance; some from the beginning, others after being fairly given over, as beyond hope, by first-class regulars of this vicinity.

As for the remote cause of the disease, which seems now of more frequent occurrence than formerly (at least within my own sphere and ride), the diathesis must be laid to the progenitors, who, by their more general and continuous use of coffee, tea, tobacco, liquor and other stimulating or enervating practices, bequeath their offspring a

constitution more excitable and less able to bear up against morbific impressions, especially on the brain. This is in accordance with the law already announced in the Pentateuch, that the sins of the parents shall be visited on the children even to the fourth generation. May the remark call for a little reform of habits.

We meet with it among all sorts of people; in the children of the refined, the middle, working classes, down to those of the low drunkard, in the latter case though with less favorable prospect.

The proximate cause is inflammation, owing to whatever occasion, *e. g.*, cold, congestion, irritants, worms, spirits, metastasis of scarlet fever. I consider, in fact, hydrocephalus acutus not idiopathic disease, strictly speaking, but only the consequence, the natural termination of inflammation, settled on some part of the brain, exudation, as quick consumption follows pneumonia, if not timely subdued.

The diagnosis, therefore, is not quite easy until in an advanced stage, for it begins with symptoms analogous to any inflammatory fever, affecting, besides the head, various organs, throat, lungs, stomach; a complication which makes it particularly difficult to discern in very young infants, while children who can express their feelings, complain prominently of pain in the head, showing congestion of the brain. The synocha accompanying it does not yield very readily; if farther progress be not prevented, delirium supervenes, and becomes very violent; it ends in stupor, interrupted by fits and starts; the eye is drawn up, left half open, insensible to light and motion; the patient bores with his head into the cushion; the extremities become cold and stiff, and spasms, with opisthotonos of frightful appearance, distract the poor sufferer; when at rest, partial paralysis on one side, immobility of the arm. In one case I treated, it went to such a degree that the arm fell out of its socket, and had to be replaced and kept up by a bandage. The functions of the stomach, bladder and bowels are likewise impaired; hence vomiting, not admitting of nourishment, costiveness, retention or scantiness of urine.

What wonder that, in such a state of things, the patient is despaired of, and finds also, in most cases, an end of his existence in the flesh.

Yet in spite of this terrible aspect of affairs, aconite, belladonna, bryonia, arnica, helleborus niger, as leading remedies; cantharides and spigelia, cina, even sulphur, as intermediates, of course, given as indications require, have often proved the salvation of such infants.

The recovery is rather slow; the shortest of my record was that of a girl about three years old, whom I attended from the onset, the same that had the dislocated humerus, was within a fortnight. The mental faculties, as far as my experience reaches, came out unim paired in the end.

ARTICLE LXX.

Rensselaer County Medical Society.

Organized June, 1860. Annual meeting, third Tuesday in October; semi-annual, third Tuesday in June.

A. Officers and Members.

B. Report of Transactions:

Proceedings of the Semi-annual Meeting.

C. Clinical Reports:

Case of Scirrhus Testis. By Charles G. Clark, M. D.

Case of Scirrhus Mammæ. By Charles G. Clark, M. D.

Clinical Reports. By C. H. Carpenter, M. D.

Clinical Reports taken from the Proceedings of the Ninth Semi-annual Meeting.

Petroleum in Exuberant Granulation. By W. S. Searle, M. D.

Cases Illustrating the Utility of Hypophosphite of Lime. By W. S. Searle, M. D.

Case of Chronic Sick Headache. By W. S. Searle, M. D.

Case of Anasarca. By W. S. Searle, M. D.

A Source of Danger in Vaccination. By W. S. Searle, M. D.

Case of Chronic Gastritis. By H. J. Ward, M. D.

Epidemic Pharyngitis and Laryngitis. By H. J. Ward, M. D.

Epidemic Cerebro-spinal Meningitis. By H. J. Ward, M. D.

A.

Officers and Members—1869.

Officers.

President.—Dr. C. S. Woodruff.

Vice-President.—Dr. E. L. Coburn.

Secretary and Treasurer.—Dr. Charles G. Clark.

Censors.—Drs. J. P. Bloss, D. W. Pitts, and M. W. Campbell.

Delegates to the State Medical Society.—Drs. C. G. Clark, E. S. Coburn, and F. L. Vincent.

Committees.—Dr. C. H. Carpenter, Theory and Practice; Dr. C. S. Woodruff, Special Pathology and Therapeutics; Dr. M. W. Campbell, Materia Medica; Dr. J. P. Bloss, Obstetrics; Dr. E. S. Coburn,

Surgery; Dr. F. L. Vincent, Gynæcology; Dr. R. D. Bloss, Diseases of Children; Dr. D. W. Pitts, Chemical Medicine; Dr. G. S. Clark, Epidemic Diseases.

Members.

Drs. S. A. Cook, 1 Clinton place, Troy.
J. P. Bloss, 108 Second street, "
R. D. Bloss, 40 " "
M. W. Campbell, 36 Fifth st., "
C. H. Carpenter, 1 " "
C. G. Clark, 37 " "
E. S. Coburn, 70 Second street, "
H. E. Fuller, Lansingburgh, Rensselaer county.
D. W. Pitts, Johnsonville, "
F. L. Vincent, 38 First street, Troy.
C. S. Woodruff, 30 Third st., "
W. S. Searle, Brooklyn, N. Y.
J. Younglove, Elizabeth, N. J.
J. F. Miller, Cambridge, N. Y.

B.

REPORT OF TRANSACTIONS.

Proceedings of the Semi-annual Meeting, held June 16, 1869.

The semi-annual meeting of the Rensselaer County Homœopathic Medical Society was held June 16, 1869.

Present—Drs. R. D. Bloss, Campbell, Carpenter, Clark, Coburn, Vincent and Woodruff.

In the absence of the president and vice-president, Dr. Carpenter was called to the chair.

Minutes of last meeting were read and approved.

Dr. Coburn moved that Dr. Vincent be elected to membership. (Carried.)

By the same: That the names of the officers and members of the Society be inserted in the city directory, under the title of "The Rensselaer County Homœopathic Medical Society." (Carried.)

By Dr. R. D. Bloss: That an assessment be made to cover the expense of the above advertisement. (Carried.)

Report of the treasurer was read and accepted.

Clinical reports being now in order, Dr. Woodruff reported two interesting cases of scirrhus, of long standing.

Dr. Carpenter read notes of a case of fistulous abscess. Remarks by Drs. Vincent and R. D. Bloss.

Dr. Vincent reported a case of hypertrophy of the funis.

Dr. Coburn presented notes of a case of amenorrhœa cured; Dr. Clark, of a case of enlargement of the tonsils cured; also, of neuralgia of the trigeminal nerves.

In alluding to high potencies, Dr. R. D. Bloss reported a satisfactory, speedy and permanent cure with belladonna,[15000] where low dilution had given no relief, and the thirtieth had relieved only temporarily.

Dr. Woodruff thought that belladonna was usually prescribed in too low a dilution, and that belladonna would bear dilution better than most remedies.

Dr. Campbell desired the opinion of the members on a case under his care, of suspected fatty degeneration of the heart.

After a rambling discussion on fatty degeneration, the uncertainty of diagnosis, and remedies to be employed, the Society adjourned.

Case of Scirrhus Testis. By Charles G. Clark, M. D., of Troy.

Mr. A——, age 50, of sanguino-bilious temperament. Received, as he stated, an injury of the right testicle while climbing a fence about a year before I saw him. When he applied to me there was present a scirrhus induration upon the lower side of the testicle, drawing the scrotum inward and attaching apparently to the epididymis by a pedicle whose diameter was that of the little finger, and from one-half to three-quarters of an inch in length.

Previous to applying to me he had consulted an eminent allopathic surgeon who advised its speedy removal by the knife as the *only* means of cure.

I prescribed arsenicum[3] and thuja with arnica externally, which treatment resulted in a complete cure within four months.

Case of Scirrhus Mammæ. By Charles G. Clark, M. D., of Troy.

Mrs. F——, aged 25, married, of sanguino-lymphatic temperament, gave birth to a child about one year after marriage. While nursing experienced severe drawing pains in right side of right breast. These pains were felt only while nursing, and continued about a month, when they gradually subsided and finally ceased. The breast seemed quite natural until soon after discontinuing to nurse the child, when

slight darting pains were occasionally felt in the same side of the breast, and a knotty, hardened condition was observed. Upon examination of the affected part I found a purplish discoloration of the skin a little to the right of the nipple, three-fourths of an inch in diameter, drawn inward, corrugated, and adhering closely to the breast by knotty cords that penetrated to the axilla. This appearance of the skin had formed within three weeks and was rapidly increasing. The patient being of strumous habit, I found, upon questioning, that she had for many years previously felt a numbness or paralytic feeling through the right shoulder and arm. I therefore diagnosed the case as one of scirrhus, and commenced treatment accordingly. The remedies given were sulphur and arsenicum, occasionally substituting bryonia for arsenicum, and the external application of pure glycerine.

Under this treatment the patient gradually recovered. The breast softened, the discoloration of the skin disappeared, and, to all appearance, the breast is now as healthy as the one unaffected. The patient was under treatment about six months, during which time I adhered closely to the above remedies.

Clinical Cases. Reported by Charles H. Carpenter, M. D., of Troy.

CASE I.

Was called, March 21st, 1869, in great haste in the morning about half past five o'clock to see Miss W——, a young lady about sixteen years old, of slight figure, and nervo-sanguine temperament. She had attended church the evening previous and was then in usual health. Found the patient in a half unconscious state; her sister during the night had noticed that she slept uneasily, moaning while asleep; when aroused would grasp her with a sort of spasmodic movement, then become quiet and fall asleep again. This condition continued until her sister became frightened and called the family. The only reply the patient would make when awakened was, "My head feels so badly."

When I arrived the patient was trembling; the head was drawn back; twitching of the arms and lower limbs; pulse 140. I gave aconite[1] a teaspoonful every half hour.

At ten o'clock called again, found the patient in violent spasms; head drawn still farther back. Gave one dose nux,[1] continuing aconite the same as before. At two o'clock found spasms less; pulse 120. Called at six P. M., symptoms the same; had taken no food

since the beginning of the attack. At ten o'clock found patient delirious; eyes closed, pupils contracted; voice scarcely audible. Gave belladonna[3].

Second day, more quiet; could answer questions a part of time; was very restless, trembling and weak. At two o'clock found her in violent spasms, head drawn back upon shoulders; great distress for breath. Gave cuprum met. and calcarea carb. alternately. Remained with the patient until twelve, P. M. Left her better; chest symptoms quite relieved; less fever; pulse 100.

Third day. Remains about the same, with exceptions of dark spots appearing on body and limbs. At four, P. M., was again called, found patient in spasms. Gave cuprum met.[1] and zincum.

Fourth day. Symptoms same; continued the same remedies.

Fifth day. Spasms less, but greatly debilitated. From this time until the 31st instant, remained much the same. On the 31st seemed to be more natural; slept less; talked rationally, and knew the family. Toward night her head grew worse, drawing backward, with strong tendency to the left side; lost nearly all power to swallow. Ordered injection of beef tea. This state continued ten days. At that time all vital power seemed exhausted; skin became cold and clammy; hands and feet cold; she lived two days in this condition, then gently and quietly passed away.

The remedies used were sometimes varied a little, but only as new symptoms developed. I found that cuprum and zincum controlled the spasms; belladonna the delirium, calcarea carb. the chest symptoms.

Case II.

On March 21st, 1869, was called to visit Miss H——, aged fifteen. The patient was attacked the night previous about twelve o'clock with severe headache; sharp pain running down the back and lower limbs; head drawn back; hips very painful, and drawn back; distress in stomach; nausea, and bilious vomiting; felt weak and trembling.

On the 22d slight delrium, headache; eyes red, pupils contracted; face flushed; veins distended on neck and face; pulse, 120; speaks only when spoken to.

Third day, symptoms much the same; pulse 100; no more vomiting; headache relieved, but pupils still greatly contracted.

Fourth day, pulse 85; intense pain in back, not relieved by any external application; great and distressing bearing-down. Menstru-

ation came on, from which she had but just recovered the week previous. Eruptions of bright cherry colored spots over the whole surface of body, more numerous on hands and arms. This condition continued eight days; was stupid, answering slowly when spoken to; perfectly indifferent to all surroundings; eyes have a meaningless and vacant look; pulse increases from 95 in morning to 110 in afternoon and evening; bowels constipated, any effort to relieve them attended with intolerable pain.

April 6th, somewhat better; eyes much the same, vision double; converses a little; tongue dark brown in center; muscles of neck, hips and back still drawn back.

On April 7th, was called in great haste, found patient in convulsions brought on by fright from slamming of a door.

April 8th, patient a very little better, gradually improving. At the end of four weeks could straighten her limbs and the head resumed a natural position; bowels remained constipated, evacuations attended with severe pain for nearly four months, but at last yielded to remedies.

Remedies given in this case were aconite, belladonna, bryonia, cuprum, zincum, nux, rhus, calcarea carb. and plumbum.

CASE III.

Was called, March 22d, 1869, to see Mrs. W——, of bilious temperament, aged 29. Found her unconscious; face flushed; cold extremities, with drawing back of head toward right side; spasm about every ten minutes, during which the head would be drawn completely down on the shoulder; also rigidity of the whole body. After these convulsions would rave and spring from the bed, grasp her husband as if in great fear of something terrible; was unable to see; would scream wildly, and then sink into an unconscious state; pupils dilated, and contracted slowly on the application of strong light; conjunction congested; respiration and pulse rapid; when spoken to would not answer. About 10 P. M. body became rigid, the spasms assuming the form of opisthotonas. At midnight she became quiet; slightly moist; pulse regular; consciousness partially restored.

Second day: frontal headache; delirious, speaks wildly; double visions; respiration 40 per minute; pulse 140, full; skin still slightly moist.

Third day: pulse 130; skin moist; tongue dark through the mid-

dle; by great effort her attention can be gained so as to obtain correct answers to questions.

Fourth day: symptoms improving; no raving; pulse 100. Patient recovered in four weeks.

Remedies given, and most relied upon, were aconite, belladonna, bryonia, rhus, calcarea and zincum.

These three cases occurred in one locality, and at the same time. The weather was cloudy with cold nights.

Clinical Report. Extract from the Proceedings of the Ninth Semi-annual Meeting. By C. G. Clark, M. D., of Troy.

Dr. Carpenter read notes of a case of fistulous abscess of the breast. The remedy relied upon was phytolacca. It was administered internally, in dilution, and an external application of the tincture was made. The abscess healed rapidly.

In similar cases Drs. R. D. Bloss and Vincent had failed to secure good results from phytolacca, but had better success with the external use of calendula.

Dr. Vincent reported a case of hypertrophy of the funis. He had observed this condition twice (children of the same mother), and had designated it dropsy of the funis. The funis was four times the natural size.

Dr. Coburn presented notes of a case of amenorrhœa cured. The remedies given were mainly gelseminum and sulphur, repeated at intervals of one week.

Dr. Clark stated that he had effected a cure of enlargement of the tonsils, of several years standing, by the administration of carbonate of baryta[3] twice daily.

By the same, neuralgia of branches of trigeminal nerves. This case involved the supra-orbital and superior maxillary branches. Characteristics: darting, burning pain, almost insupportable during rest, relieved by motion, returning every day at five A. M., and disappearing toward night; had recurred four days successively; had exhausted domestic remedies, and had received no relief. Gave arsenicum,[30] pellets, in water. Next morning the attack was light; left arsenicum[200]; no recurrence of the neuralgia.

Petroleum in Exuberant Granulation. By Wm. S. Searle, M. D.

Some time since while treating a case of severe burn, great trouble

arose from the exuberant and very sensitive granulations, so common in this affection.

The patient, a young man, had been severely burned about the face and neck and upon both hands and forearms.

Under the application of Pond's extract of witch-hazel, mixed in equal proportions with water (which is always the best application for burns previous to the suppurative stage,) and calendula water after suppuration began, every portion of the skin burned healed very kindly, with the exception of the back of one hand. Here and there upon this hand arose bunches of pale and unhealthy granulations to the height of a quarter of an inch. They were extremely sensitive and resisted all manner of treatment. After a careful study of the materia medica, petroleum seemed to be the suitable remedy; accordingly, an application was ordered, consisting of a mixture of olive and kerosene oils in equal parts.

The effect was immediate and very peculiar. Cuticle seemed to form over the protuberances, and then at the base of each appeared a crevice, which gradually enlarged till each protuberance dropped off, leaving a perfectly smooth and healthy surface of cuticle beneath. No recurrence of the granulations took place.

This patient has always suffered from an eruption, vulgarly called "salt rheum," that is, dry tetter.

Query.—Are not similar occurrences which are so often met in surgical practice owing to a dartrous diathesis?

Twice since the above experience I have made a similar prescription for a like condition, with the same good result. Once in the case of a horse, and once in ulceration of the navel in an infant.

Cases Illustrating the Utility of Hypophosphite of Lime. By W. S. Searle, M. D.

CASE I.

Some years since, while riding through the country, I was desired by a gentleman to see one of his employees.

I found a German, of middle age, in a most deplorable condition. Abandoned by his wife, he lay upon his bed, emaciated to a degree which I never witnessed before. It was easy for me to surround his thigh with my thumb and finger. His left limb was contracted, and about the corresponding hip was gathered an enormous collection of pus. I should judge it amounted to nearly a gallon. The abscess was just pointing through the integument beneath the thigh; the red spot at this locality was about the size of a Spanish dollar, and

the thickness of the skin so slight that it seemed as if it might rupture at any moment.

As I stood by the bedside, and gazed upon his hectic cheek and dry, brown tongue, I felt the utter weakness of all known medical art.

Of course hepar and silicia suggested themselves, but it was evident that these could not much modify his condition.

I was about turning from the loathsome sight in despair, when the power of the hypophosphites over the suppuration of mucous surfaces, recurred to my mind. If it could control suppuration in one locality, why not in another? As an experiment, therefore, I put him upon hypophosphites (decimal trituration), a dose of five grains every three hours. Through a student he was kept supplied with this remedy for a month or more.

It is not necessary to mark his progress from day to day; suffice it to say, that the abscess never burst. It gradually dwindled away; appetite, health and strength as gradually returned, and he made a complete recovery. After continuing in health for nearly a year, he resorted to stimulants as a refuge from his domestic troubles, and died of delirium tremens in an hospital.

The astonishing result of this case has induced me to treat all similar affections in the same manner.

CASE II.

A young man called, looking very much debilitated, and, on inquiring the reason I was shown a large swelling on the nape of the neck, of a bluish-red appearance, rather flattened and evidently containing pus. It had remained in this condition for about a week, and, in spite of repeated poultices gave no indications of breaking. The patient was anæmic and without appetite, but had no perceptible fever. The same remedy was administered three times daily, with a similar good result.

CASE III.

Was similar in all respects to the last, excepting that it occurred in a young lady, and upon the cheek. Treatment and result the same.

CASE IV.

Female of middle age had torpid abscesses in both axillæ. It was impossible to determine whether the trouble was of glandular origin, but it probably was. In this case, also, the treatment and result were the same.

CASE V.

A little girl was taken with glandular inflammation in the left groin, which in spite of treatment went on to suppuration. The same anæmic condition was present. Under the hypophosphite she rapidly recovered appetite and color; but in this instance the abscess burst and discharged laudable pus. It healed however very rapidly and completely. It is quite possible that some involuntary motion while sleeping may have caused the rupture of the abscess.

How this remedy might serve our purpose in abscess of an acute, active, character, I do not know. If useful at all, it must be in higher attenuation than above prescribed; but in torpid, scrofulous abscesses, it will, I think, prove efficient.

Remarks.—I should have said that it was impossible to obtain such a history of the first case narrated as would warrant an accurate diagnosis. Probably, however, there was no disease of the vertebræ nor of the hip joint, since no deformity was manifest after the cure.

The controversy as to whether pus can be absorbed, does not seem to be wholly settled in the negative, as yet, although most pathologists deny its possibility; but doubtless wherever it is, pyæmia must follow. As no such occurrence took place, and still the pus disappeared, it seems probable that the remedies so altered the nature of the pus as to render its absorption both rapid and innocuous.

There are a few points bearing upon the rationale of these cases which are deserving of notice.

Hughes says, "It is in the large class of diseases due to disorder of the secondary assimilation, that calcarea finds a curative place. The three great forms of this derangement are scrofula, tuberculosis and rachitis; and in this sphere, few agents are more powerful than calcarea.

The power of phosphorus in causing fatty degeneration is well known, and Taylor says, that "chronic poisoning by it, induces marasmus, hectic fever, etc."

Now, chronic abscess certainly shows a profound disturbance of assimilation; and if we investigate the chemical constituents of pus, we find nearly one-half its solid portion composed of fatty substances.

Put these facts together with the pathogeneses of phosphorus and calcarea, and it seems to me, a little light is thrown upon the action of the compound. It is true we are not always justified in basing the pathogeneses of a salt upon those of its constituents; still in many cases it has proved a fair inference.

There is a further consideration which weighs in this matter. Pus, at least laudable pus, has a sweetish taste; and phosphorus and calcarea are the main remedies, causing an expectoration of sweetish pus from the lungs. Stannum also has this power, and I would suggest a trial of it in abscess where the other symptoms correspond.

No proving so far as I know, exists, of either the phosphate or hypophosphite of lime. It is high time they were so tested, but their influence is so profound that, unless long continued, few symptoms sufficient to indicate their usefulness in such diseases with such distinctness would be evolved.

Case of Chronic Sick-headache. By William S. Searle, M. D.

L. C. F., aged forty-five, male, has been a victim of sick-headache for years, which of late has recurred every week; is a merchant, and closely confined to business. The attacks begin without traceable cause; sometimes with a blur before the eyes, and aching soreness in the eyeballs; at other times with a feeling in the small of the back as if it would break; then begin flying pains through the temples, of a drawing, tensive character, which soon involve the whole sinciput; then nausea sets in, which increases to vomiting, first of ingesta, then of an acid, watery fluid, then of bile; pain sometimes extends back into occiput and neck, and the latter becomes stiff; eating hastens the nausea and vomiting; the pain in the head is aggravated by noise and light; is relieved in free air; has double vision when walking during the pain; all pain is relieved by vomiting. Gave bryonia[1] at night, belladonna[1] in the morning.

No return of the headaches for two months.

No cures are so satisfactory as those of chronic diseases, and some of the best and most decisive instances of the curative power of drugs administered homœopathically, have exhibited themselves in the treatment of chronic sick-headaches.

A careful study of each case will generally enable us to discover the remedy in our materia medica. This, however, is not always so. Two other cases recur to my mind, of which, unfortunately, no notes have been preserved.

One, characterized by great aggravation in the recumbent posture, was cured by depending for the selection of the remedy upon this symptom alone. Colocynth was the remedy employed.

Another, which had returned semi-weekly for nearly a whole lifetime, was thoroughly eradicated by arsenicum[3] and veratrum alb.[3]

The marked features of this case were icy-cold feet, great thirst, and great prostration after the attack.

Case of Anasarca. Reported by William S. Searle, M. D.

Mrs. C. K., aged sixty-seven, has been for some years subject in warm weather to swelling of the feet; in June last the limbs began swelling. There is now (June 1st) no evidence of organic disease. The limbs are much swollen, and "pit" upon pressure. Has some prickling heat in the limbs, and after walking the skin becomes red and hot. On first attempting motion the limbs are stiff, but soon, with continued exercise, there is less difficulty in walking. Tongue yellowish with red points at the tip; appetite good; bowels regular; no headache.

This case was cured in two weeks by rhus tox.[1]

A Source of Danger in Vaccination. By W. S. Searle, M. D.

Few occurrences give more trouble and anxiety, both to physicians and parents, than the inflammations and ulcerations, which at times accompany or follow vaccination. In fact in some families the dread of such untoward results is sufficient to render them rather willing to take the risk of the variolous than of the vaccine disease.

The cause to which these difficulties is most commonly referred is a supposed contamination of the virus by its passage through an unhealthy system; and perhaps few will deny that this is highly probable.

Again it is said that the patient who suffers from such diseases from vaccination has a psoric diathesis which was latent until roused to action by the foreign virus. This hypothesis too has much to support it.

But there are cases which are not explicable by either of these theories. The following is an instance.

Some years since, having nearly one hundred candidates for vaccination or rather re-vaccination, in a female seminary of which I had medical charge, I prepared a solution of the virus to be employed in equal parts of glycerine and water, and putting it in a clean bottle, vaccinated the whole number on the same evening in which the matter was prepared.

Nearly every patient showed the influence of the virus, and in none was there the least evidence of disease having been developed thereby. The vesicles were perfect, and the course of the artificial

disease was all that could be desired. Some days afterward my partner vaccinated a child with some of the matter remaining in the vial. The little girl was both very healthy herself and descended from healthy parents, and yet she suffered from the most loathsome ulcerations, and did not entirely recover from them for years.

Another similar instance lately fell under my notice. A physician of good constitution and having a healthy wife, vaccinated his infant child with matter which he mixed upon a slip of glass, upon which some of the virus which had been last used was allowed to remain. The same scab was employed as in the previous instance, and no trouble had followed its use before, but now severe erysipelatous inflammation set in and the innocent babe came near losing its life.

These instances have led me to the conclusion that the virus in a moist state soon undergoes a putrefactive change and becomes a deadly septic poison. If this be so, too great care cannot be used in cleaning all the instruments employed, immediately after the operation, and no kind of instrument should be used which cannot be properly and readily and perfectly cleaned. Especially should the subcutaneous syringe be avoided for this reason. The method which I conceive to be the best is to bruise a small portion of the dry scale with water upon clean glass or crockery. Then abraid the cuticle with an instrument made for the purpose, having five or six needle-like points set closely together. To this surface the virus is then applied, and in a few minutes is sufficiently absorbed. The instruments are then to be carefully cleansed. Only one objection, so far as I know, lies against this mode of operating, and that is, that the abrasion of the cuticle perhaps renders the vesicle more liable to rupture on contact. This, however, may be avoided by care on the part of the patient or parents.

Case of Chronic Gastritis. By H. J. Ward, M. D., of Troy.

Mrs. W—— A——, aged forty-seven, of a light complexion, blue eyes and nervous temperament, suffered for twenty-five years from dyspepsia, though able to attend to her domestic duties.

Six weeks previous to her death she was attacked with faintness, nausea and vomiting, burning and throbbing sensation in the pit of the stomach and great prostration.

The usual remedies affording no relief, a consultation was summoned consisting of two homœopathic and allopathic physicians. The two former with one of the latter agreed upon the diagnosis.

Autopsy.—The same physicians were present. The stomach was the scene of peculiar change. It contained a small quantity of semi-serous fluid, but its whole structure, with the exception of its peritoneal investment, had disappeared. The other abdominal organs were in a normal condition.

It is hardly possible that this state of the stomach could be due to the *post-mortem* change. The autopsy was performed twenty-four hours after death and the weather was quite cold (March). Nor were there corresponding changes in any of the other viscera. Was it a case of *ante-mortem* softening of the stomach, or of chronic gastritis?

Epidemic Pharyngitis and Laryngitis. By H. J. Ward, M. D., of Troy.

An epidemic of pharyngitis, associated with laryngitis, prevailed in the village of Granville during a part of 1867.

More than fifty cases fell under my notice during its prevalence, presenting a great similarity of symptoms. Lachesis in the fifth, twelfth, fifteenth and thirtieth attenuations was the only remedy administered, and it never failed to afford instant relief. The following cases will illustrate the character of the epidemic:

CASE I.

Miss M——, aged ten years, was attacked with chills and vomiting, which were followed by high fever. She complained of constriction of the throat, so severe that she could scarcely swallow; stinging, burning and dry sensations in the pharynx and larynx, with great rawness.

Three powders of lachesis[12] afforded relief.

CASE II.

Miss V. T——, aged thirty, was attacked with rigors, nausea and subsequent fever.

Complained of rawness and difficulty in swallowing, with spasmodic stricture, like a vice about her throat.

One powder of lachesis[30] relieved the symptoms in a few hours.

CASE III.

Mr. T. C——, aged thirty-five, was seized with chills and nausea, followed by hot flashes and a terrible choking, as though some one was pressing his windpipe between his thumb and fingers.

One powder of lachesis[12] cured him before bedtime.

CASE IV.

Mr. W——, aged forty-eight, is subject to ulcerative pharyngitis of a follicular character. Has an attack at present. Complains of dryness of the throat, as though he should choke to death.

Gave lachesis,[30] which he said relieved him sooner than any remedy he had ever tried.

CASE V.

Mr. B——, aged twenty-two, chills, nausea and then fever. Rawness, stricture and choking. Called on his way home from business. One powder of lachesis was administered. On the following morning he reported relief before he reached home.

Epidemic Cerebro-spinal Meningitis. By H. J. Ward, M. D., of Troy.

An epidemic of this fearful disease broke out in the town of Granville, N. Y., in November, 1867, with the suddenness of a volcanic eruption. Its malignant character and the rapidity with which it carried off its victims were truly appalling. Locality had no influence in controlling its spread. Many were attacked in the village, some upon the hillsides and even upon the highest points of land. The innocent babe of seven months, the beautiful child of four years, rugged boys, men of middle age, all were alike victims to this terrible scourge.

Those most violently seized died in from ten to twenty-four hours. These were extreme cases, and in such no remedies mitigated the symptoms or arrested the disease.

Many were not seen by a physician until delirium had set in and the scene was closing amid fearful spasms.

The weather was quite peculiar. By the middle of November the temperature was very low. It was intensely cold and the earth was frozen to the depth of twelve or fifteen inches. But on the 20th of the same month the thermometer indicated 70°, and we had very warm, misty, rainy, foggy, spring-like weather. The sun did not shine for ten long, tedious, similar days. And now the disease raged with unwonted violence. Day and night Dr. J. Sarle and myself were constantly by the bedside of the sick and dying.

The symptoms of one case were the symptoms of all. The disease set in with severe rigors, vertigo, nausea and vomiting. On reaction, high fever, heat and intense pain in the head; stiffness and tender-

ness of the nape of the neck; rapid, tremulous pulse, ranging from one hundred and twenty to one hundred and forty beats per minute; violent delirium, clonic or tonic spasms and photophobia; while petechiæ of all shapes and various size covered the body before and after death.

Treatment seemed of little avail. The most efficient remedies were gelseminum and belladonna in the second and third dilutions. Of course minor auxiliary measures were resorted to, such as mustard baths, sinapisms, etc. The mortality was about fifty per cent.

As December came with its sun and frost the epidemic passed away, marking a sad epoch in the social history of our little community.

ARTICLE LXXI.

Saratoga County Medical Society.

Organized 1863. Annual meeting the second Tuesday in July.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORTS:

ACUTE HYDROCEPHALUS. BY S. J. PEARSALL, M. D.

DIPHTHERITIC CROUP. BY S. J. PEARSALL, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. E. B. Cole.

Vice-President.—Dr. Zina Clements.

Secretary and Treasurer.—Dr. S. J. Pearsall.

Censors.—Drs. B. F. Cornell and James F. Doolittle.

Delegates to the State Medical Society.—Drs. B. F. Cornell and James F. Doolittle.

Members.

Drs. B. F. Cornell, Moreau Station, Saratoga county.
Zina Clements, Saratoga Springs, "
S. J. Pearsall, " "
E. B. Cole, Waterford, "
J. F. Doolittle, Ballston Springs, "
William E. Rogers, Rexford Flats, "

B.

CLINICAL REPORTS.

Acute Hydrocephalus. By S. J. Pearsall, M. D., Saratoga Springs.

Was called October 5th, 1869, to see a child of Mrs. M——, aged sixteen months, suffering from acute hydrocephalus, with the following symptoms: Pulse 120; skin hot and dry; no perspiration, (although three different physicians attempted to produce it, during a period of three weeks, and the patient was then given up by them to die); head rolling from side to side; convulsive tossing of the arms; kicking of the feet; when nursing, grasps the breast with

avidity; screeching every little while; bowels costive and tympanitic; urine scanty and high-colored.

Gave anconite[3] and stramonium,[3] in alternation every hour for forty-eight hours. Perspiration commenced from the first administration of these remedies. Gave stramonium and helleborus niger every hour for the next two days. Rolling of the head, spasmodic movements of limbs and screeching diminished. Gave bryonia and stramonium for twenty-four hours, until the bowels moved, then helleborus and stramonium forty-eight hours, with improvement steadily progressing. Continued these remedies with a few doses of cantharides, and the child was discharged cured in less than three weeks.

Diphtheritic Croup. By S. J. Pearsall, M. D., Saratoga Springs.

Was called, December 17th, 1869, to see a child of Mrs. O——, four years of age. Upon each tonsil was a diphtheritic deposit. Patient complained of headache. There were some febrile symptoms. Gave belladonna and kali bichrom. in alternation every hour.

December 18th. Continued the same treatment.

December 19th. Patient much worse, with croupy breathing and cough. Gave mercurius biniod., kali bichrom. and spongia twenty minutes in alternation.

December 20th. Same treatment without any improvement.

December 21st. Same treatment with the addition of inhalation of ammonia, a teaspoonful in a pint of hot water. That night the deposit on the tonsils came off partly and the croupy cough disappeared.

December 22d. Continued the same remedies every half hour. Deposit disappeared from the tonsils. Continued the remedies three days longer, and then gave belladonna for a few days, when the child was entirely well.

ARTICLE LXXII.

Steuben County Medical Society.

Organized 1867. Annual meeting the third Tuesday of May; semi-annual meeting, third Tuesday of November.

A. Officers and Members.

B. Report of Transactions:

Proceedings of the Annual Meeting, May 18, 1869.

Proceedings of the Semi-annual Meeting, November 9, 1869.

A.

Officers and Members—1869.

Officers.

President.—Dr. William S. Purdy.

Vice-President.—Dr. B. F. Grant.

Secretary and Treasurer.—Dr. J. M. Cadmus.

Censors.—Drs. B. F. Grant, J. E. Seeley and W. J. Bryant.

Delegates to the State Medical Society.—Drs. B. F. Grant and J. M. Cadmus.

Honorary Members.

Drs. Joseph P. Morris, Mansfield, Pa., and Arthur P. Hollett.

Members.

Drs. W. J. Bryan, Corning, Steuben county.
H. S. Benedict,* " "
James M. Cadmus, Hammondsport, Steuben county.
A. De Wolfe, Bath, "
Benjamin F. Grant, Bath, "
Peter S. Hollett, Sonora, "
William S. Purdy, Bath, "
J. Edwin Seeley, Hornellsville, "

B.

Report of Transactions for 1869.

Proceedings of the Annual Meeting.

The second annual meeting of the Society was held at Corning, May 18th, 1869. The meeting was called to order by the president, Dr. H. S. Benedict.

* Deceased.

The following members were present: Drs. Purdy, Seeley, Grant, Benedict, Bryan and Cadmus; also, A. P. Hollett, M. D., of Havana, New York, and Dr. White, of Caton.

Minutes of last meeting read and approved.

Communications were read by Drs. Grant, Benedict, Seeley, Bryan and Cadmus, some of which called forth considerable discussion and numerous questions.

The president offered a few remarks congratulating the Society upon its progress and the advancement of homœopathy in the county, and concluded by urging members to take a deeper interest in sustaining our local organization.

Dr. A. P. Hollett, of Havana, was on motion elected an honorary member of the Society.

The Society now proceeded to the election of officers for the ensuing year. See page 781.

Adjourned to meet at Hornellsville, the second Tuesday in November, 1869.

This proved to be one of the most interesting meetings ever held by the Society.

Proceedings of the Semi-annual Meeting.

The third semi-annual meeting of the Society was held at the "Simmons House," Hornellsville, November 9, 1869. Meeting called to order by the vice-president, Dr. B. F. Grant.

On calling the roll the following members responded to their names: Drs. Grant, Seeley, Bryan, Cadmus and Purdy.

Minutes of last meeting read and approved.

On motion a committee of three were appointed to draft resolutions of respect to the memory of Dr. H. S. Benedict, deceased.

Drs. Purdy, Seeley and Cadmus were appointed such committee.

The following preamble and resolutions were adopted:

Whereas, By the hand of Divine Providence, our respected brother and colleague, Dr. H. S. Benedict, has been removed from our midst by death; therefore be it

Resolved, That we tender to his bereaved widow and family in this their hour of affliction, our heartfelt sympathy, and that we condole with them in their irreparable loss.

Resolved, That in the demise of our colleague we have lost our most efficient counselor and that homœopathy has lost an earnest and determined advocate.

Resolved, That a copy of these resolutions be presented to his family and that copies of the same be presented for publication in the county papers and homœopathic journals.

Communications were read by Drs. Seeley and Cadmus.

Verbal communications relating to cases from practice and subjects pertaining to the science of medicine were offered by the several members present.

Adjourned to meet at Bath, on the third Tuesday in May, 1870.

ARTICLE LXXIII.

Ulster County Medical Society.

Organized May 10th, 1865. Annual meeting in May.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Levi Shaffer.

Vice-President.—Dr. Garrett D. Crispell.

Secretary and Treasurer.—Dr. Frederick W. Ingalls.

Censors.—Drs. Frederick W. Ingalls, William D. La Montanye, and Garrett D. Crispell.

Delegates to the State Medical Society.—Drs. Garrett D. Crispell, Levi Shaffer, and F. W. Ingalls.

Delegate to the American Institute of Homœopathy.—Dr. F. W. Ingalls.

Honorary Members.

Egbert Guernsey, M. D., H. L. Gilbert, M. D., H. Houghton, M. D., of New York.

Members.

Drs. Levi Shaffer, Kingston, Ulster county.
Garrett D. Crispell, " "
Fred. W. Ingalls, " "
Stephen W. Gerow, New Paltz, "
Charles P. Jernigan, Saugerties, "
W. D. La Montanye, Rondout, "
Hilon Doty, Brockport, Madison county.

ARTICLE LXXIV.

Washington County Medical Society.

Organized 1865. Comprises the counties of Washington and Warren; annual meeting, second Wednesday in January.

A. OFFICERS AND MEMBERS.

B. CLINICAL REPORTS:

CASE OF HERPES. BY J. F. MILLER, M. D.

CASE OF VARICOSE ULCER. BY J. F. MILLER, M. D.

CASE OF SENILE GANGRENE. BY CHARLES LOWERY, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. A. W. Holden.

Vice-President.—Dr. Geo. W. Little.

Secretary and Treasurer.—Dr. George H. Beach.

Censors.—Drs. James Cromwell, H. K. Bennett, David H. Bullard.

Delegates to the State Medical Society—Drs. G. W. Little, G. H. Beach, A. W. Holden.

Members.

Drs. David H. Bullard, Glen's Falls, Warren county.
James Cromwell, Caldwell, "
A. W. Holden, Glen's Falls, "
George H. Beach, Sandy Hill, Washington county.
H. K. Bennett, Whitehall, "
Peter H. Hulst, Greenwich, "
Benj. F. Cornell, Fort Edward, "
George W. Little, " "
L. W. Kennedy, Cambridge, "
John F. Miller, " "
Charles M. Mosher, Easton, "
James Rice, Fort Ann, "
Charles Lowery, Homer, Cortland county.
John Sarle, Brooklyn, Kings county.
Hiram J. Ward, Troy, Rensselaer county.

B.

CLINICAL REPORTS.

Case of Herpes. By J. F. Miller, M. D., of Cambridge.

Mr. T—— A——, aged about twenty-four, presented himself at my office with both hands enveloped in cloths. On removing these, the dorsum of both hands showed a raw, denuded surface, exuding a yellowish ichor. He had been subject to a similar eruption every winter for many years, which only disappeared with the return of a warmer temperature. It began with cracks upon the knuckles, and gradually spread over the hand, and exuded a large amount of serum. It was accompanied by a pain of a burning, stinging character. Gave mercurius sol.^{1000} six powders, one each night. In one week the hands were entirely healed, and have remained so since.

Varicose Ulcer. By J. F. Miller, M. D., of Cambridge.

Mrs. R——, of middle age, had a varicose ulcer of six months standing. It has a dark, livid appearance, and is as large as one's hand. Veins of the leg much swollen about the knee, and below it. The ulcer seems to spread by the formation of blisters around its circumference. Complained of burning pain, depriving her of sleep. Gave arsenicum^{200} six powders, one every night. In ten days this patient returned, ulcer healed. She stated that in one hour after taking the first powder, the pain entirely subsided, and she had a good night's sleep, the first in three weeks.

Senile Gangrene in the Upper Extremity. By Charles Lowrey, M. D.

Mrs. Parker, aged seventy-six, constitution and general health good, complained October 15, 1868, of soreness and tingling pain in the tips of the fingers of the right hand. For two weeks the fingers were poulticed, soaked in lye and otherwise unsuccessfully treated for felon.

November 1, the family physician was called in. At this time the fingers were swollen, extremely painful, and the ends of a dark blue tint. The disease was pronounced "dry mortification," and appropriate allopathic treatment commenced. A liniment of turpentine, camphor and laudanum was applied to the diseased part. Creosote was applied to arrest the mortification, and alcoholic stimulants and opiates were given internally. Opiates did not relieve the pain, nor did the stimulants and other applications arrest the progress of the disease. The pain became almost intolerable; the patient could not sleep by night or by day, and the morbid changes advanced farther up the

hand. Hypodermic injection of sulphate of morphia was resorted to, but no relief was obtained. The patient had now been more than two weeks without a night's rest. The doctor told the patient that she could not live; accordingly a change of treatment was determined on.

November 18, the case was placed in my care. The fingers were now black, and insensible to a point considerably above the second joint. The whole hand was swollen, presenting a livid, deathly appearance. The wound made for the injection of the sulphate of morphia was marked by an unhealthy ulcer with a gangrenous appearance, which, from its position, three inches from the axilla, over the brachial artery, gave some alarm. The pulse in the left wrist was very weak, and in the right was scarcely perceptible. The patient had no appetite for food, and what is remarkable, a dislike for salt or salt food, which began with the disease and kept pace with the other symptoms throughout its course.

Warm fomentations were directed to be applied to the hand, and the whole arm to be covered with a thick layer of carded wool. Nutritious diet and a uniform temperature of the patient's room, were enjoined, and the following medicines left to be taken. Lachesis[6], arsenicum[3], and belladonna[1]. On the third day of this treatment there was a decided change manifest in all the symptoms. The pain came only occasionally, giving the patient an opportunity to sleep. The inflammation was subsiding and the hand was becoming whiter. The appetite was also returning. The same treatment was continued, except that ergot was substituted for belladonna.

December 10, the inflammation had nearly disappeared, the blackness of the fingers extended but little above the last joint. A line of demarcation began to form upon the ring finger at the joint between the second and last phalanx, and the ends of the fingers shrank away. Arsenicum[3] was continued alone.

December 26, purulent discharge commenced to run from the ring finger at the line of demarcation, which lasted for about a week and disappeared.

January 13, the line of dmarcation had formed on all the remaining fingers; on the fore-finger at the middle of the last phalanx; on the middle finger at the last joint; and on the little finger at the middle of the last phalanx. New nails commenced to grow on the index and little finger. The meicine was discontinued.

About January 20 the grangrenous portions of the fingers dropped off. The patient was then in good health and spirits.

ARTICLE LXXV.

Wayne County Medical Society.

Organized 1863. Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in December.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS:

PROCEEDINGS OF THE FIFTH ANNUAL MEETING.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. A. G. Austin.

Vice-President.—Dr. L. Gœdecke.

Secretary and Treasurer.—Dr. W. F. Sherman.

Censors.—Drs. L. Gœdecke, D. Chase and S. D. Sherman.

Delegates to the State Medical Society.—Drs. C. Allen and W. F. Sherman.

Alternates.—Drs. W. B. Brown and L. Gœdecke.

Delegate to the Monroe County Medical Society.—Dr. W. B. Brown.

Delegate to the Onondaga County Medical Society.—Dr. M. F. Sweeting.

Delegate to the Ontario County Medical Society.—Dr. C. Allen.

Committees.—Drs. S. D. Sherman and W. B. Brown, Theory and Practice of Medicine; Drs. O. C. Parsons and A. G. Austin, Obstetrics; Drs. W. F. Sherman and G. C. Childs, Surgery; Drs. M. F. Sweeting and C. Allen, Materia Medica.

Honorary Members.

A. P. Throop, M. D., New York; C. W. Boyce, M. D., Auburn; J. W. Sheldon, M. D., Syracuse; Carroll Dunham, M. D., New York; Adolph Lippe, M. D., Philadelphia.

Members.

Drs. G. C. Childs, Clyde, Wayne county.
Stephen D. Sherman, Lawrence street, Lyons, Wayne county.
Warren F. Sherman, " " "
Durfee Chase, Main street, Palmyra, "

Drs. W. B. Brown, Main street, Palmyra, Wayne county.
M. F. Sweeting, South Butler, "
Alexander G. Austin, Williamson, "
O. C. Parsons, Newark, "

B.

Report of Transactions.

Proceedings of the Fifth Annual Meeting.

The fifth annual meeting of the Wayne County Homœopathic Medical Society was held at the office of Drs. S. D. Sherman and son, in Lyons, on Tuesday, June 2d, 1868. The meeting was called to order by the president, M. F. Sweeting, M. D.

The roll was called and the following members answered to their names: Drs. M. F. Sweeting, A. G. Austin, L. Gœdecke, S. D. Sherman, W. F. Sherman, W. B. Brown, G. C. Childs, C. Allen.

The president vacated the chair and L. Gœdecke, M. D., was appointed president *pro tem.*

Secretary's report of last meeting was read and adopted.

The remaining morning hour was devoted to reports of cures from practice by different members.

Dr. L. Gœdecke reported cures of consumption and hemorrhage from the lungs, where itch eruptions had been treated by the application of ointment to the surface.

Dr. W. B. Brown reported a case then under his treatment of a lady with cough, bleeding from the lungs; also mental derangement. Symptoms all better during pregnancy, but worse again after confinement. Patient had been troubled with ring-worm which had been cured by external applications.

The subject of itch was then considered, Dr. Sweeting asking each member to state his method of treatment. This brought forth considerable discussion and a pleasant interchange of views.

A communication was received from the New York Central Society inviting the members of this Society to join them at their next meeting.

On motion of W. B. Brown, M. D., the Society proceeded to the election of officers for the ensuing year. The election resulted as per page 788. After a vote of thanks to Drs. S. D. Sherman and son for their kindness and liberality in entertaining the members so pleasantly, the Society adjourned to meet at the office of D. Chase, M. D., in the village of Palmyra, on the 1st day of December, 1868, at 10 o'clock in the forenoon.

ARTICLE LXXVI.

Westchester County Medical Society.

Organized 1865. Annual meeting, last Wednesday in January.

A. OFFICERS AND MEMBERS.

B. REPORT OF TRANSACTIONS:

PROCEEDINGS OF THE ANNUAL MEETING, JANUARY 27, 1869.
PROCEEDINGS OF THE SEMI-ANNUAL MEETING, JUNE 30, 1869.
PROCEEDINGS OF A SPECIAL MEETING, HELD OCTOBER 27, 1869.

C. CLINICAL REPORTS:

CASE OF INTERMITTENT FEVER. BY T. C. FANNING, M. D.
CASE OF ANEURISM OF THE AORTA. BY T. C. FANNING, M. D.
CASE OF HALLUCINATION. BY T. C. FANNING, M. D.
CASE OF TYPHOID FEVER. BY T. C. FANNING, M. D.

A.

OFFICERS AND MEMBERS—1869.

Officers.

President.—Dr. Henry Beakley.

Vice-President.—Dr. W. A. Ely.

Secretary and Treasurer.—Dr. T. C. Fanning.

Censors.—Drs. L. W. Flagg, H. C. Jones, and E. V. Brown.

Delegates to the State Medical Society.—Drs. L. W. Flagg, H. C. Jones, and T. C. Fanning.

Delegate to the American Institute of Homœopathy.—Dr. H. C. Jones.

Members.

Drs. W. F. Hocking, Yonkers, Westchester county.
Charles W. Torrey, " "
Matthew T. McCullom, Port Chester, Westchester county.
C. C. Miller, Mott Haven, "
Henry M. Smith, Hastings, "
Henry C. Jones, Mt. Vernon, "
Benajah, J. Burnett, Mt. Vernon, "
Levi W. Flagg, Yonkers, "
H. Kingsley,* " "

* Deceased.

Drs. Isaac N. Swasey, Yonkers, Westchester county.
Carroll Dunham, Irvington, "
Edward V. Brown, Tarrytown, "
Thomas C. Fanning, " "
Henry Beakley, Peekskill, "
J. Gregg Burchard, " "
Albert L. Comstock, Mt. Kisko, "
Wallace A. Ely, White Plains, "
Granville C. Brown, Port Chester, "
C. E. Belden, Sing Sing, "
J. Johnson, " "
Stephen A. Hasbrouck, Dobbs' Ferry, "
Edward W. Finch, New Rochelle, "
William B. Ropes, Dobbs' Ferry, "
S. M. Griffin, Cold Spring, Putnam county.
William E. Bulckley, Brewster's Station, Putnam county.

B.

Report of Transactions.

Proceedings of the Annual Meeting, January 27, 1869.

The meeting was organized by the election of Dr. Beakley, president *pro tem.*

Dr. S. Hasbrouck, of Dobb's Ferry, was unanimously elected a member of the Society.

A list of the officers elected is given on page 790.

The resignation of Dr. Swazey, delegate to the State Society, was accepted, and Dr. Flagg was elected delegate in his place.

Dr. Fanning read reports of clinical cases, for which he received the thanks of the Society.

On motion,

Resolved, That the treasurer be authorized to pay the tax of the delegates to the State Medical Society.

Dr. Flagg was requested to present to the Society, at its semi-annual meeting, a biographical sketch of the late Dr. H. Kingsley.

Notice having been given, in writing, to the secretary, more than one month previous, as directed by the constitution, the following amendment to the by-laws was unanimously adopted:

Art. 1, sec. 2 of the by-laws shall read as follows: "Candidates for membership may be proposed at any regular meeting; and if the

proposal be seconded, shall be balloted for, provided their credentials have been vouched for by the Board of Censors."

On motion,

Resolved, That the Board of Censors are hereby directed to examine the diplomas of all the members of the Society, and report their source and date; and that the secretary of the Board be directed to furnish the secretary of the Society with a record of the same, for preservation in its archives.

Dr. Flagg stated that the patient with dry gangrene of the foot (case reported, June, 1867), October last, was attacked with gangrene of the other foot, which extended to above the ankle, there stopped, and broke out in the nates, which sloughed away to pelvic bones, and the man finally died. In the sloughs were numerous maggots, although the weather was very cold, and no flies were visible.

On motion, Dr. Jones was appointed delegate to the American Institute of Homœopathy, for 1869.

Semi-annual meeting appointed to be held on the last Wednesday in June, at the office of Dr. H. Beakley. Annual meeting, 1870, to be held at the office of Dr. Flagg.

Reading of the minutes for approval.

Adjourned.

Proceedings of the Semi-annual Meeting, held June 30, 1869.

The semi-annual meeting was held June 30, 1869, at the office of Dr. H. Beakley.

Present—Drs. Beakley, Ely, Comstock, E. V. Brown, Griffin and Fanning.

Reading of the minutes of last meeting dispensed with by vote.

Professors J. Beakley and Barlow were introduced and requested to participate in the discussions.

Dr. Fanning nominated Drs. E. W. Finch, of New Rochelle, and C. E. Belden of Sing Sing. Dr. Beakley nominated Dr. Charles W. Torry, of Yonkers, for membership.

Dr. Ely reported an interesting case of chronic cerebro-spinal meningitis, still under treatment, and promised a continued report at a future meeting.

Dr. Griffin reported an obstetrical case of much interest. The report was received, and the thanks of the Society tendered, and a copy was requested for preservation in the archives.

Dr. Fanning reported confirmation of single symptoms of crocus and sabadilla.

Crocus.—Symptom 53 in Die Archiv. f. a. Hom. Heilkunst bd. I; hft. 2; s. 143: "Feeling in the eyes as if he had been violently weeping, they also had the appearance of having been weeping."

Sabadilla.—Symptom 107, Archiv. bd. IV, hft. 3, s. 131: "While swallowing, and when not swallowing, feeling in the throat of a body (verschluckten knollen) which he must swallow down."

On motion of Dr. Fanning,

Resolved, That the secretary of this Society be directed to enter into correspondence with the Societies of the river counties between New York and Albany and Rensselaer, with a view to the formation of a voluntary Society, to be composed of the homœopathic physicians of the said counties on the plan of the Homœopathic Medical Society of Central New York.

Adjourned.

Proceedings of a Special Meeting.

A special meeting of the Society was held October 27th, 1869, at the office of Dr. Comstock.

Present—Drs. Beakley, Flagg, Ely, E. V. Brown, Comstock and Fanning.

On motion the regular order of business was dispensed with.

Dr. Fanning proposed for membership Drs. Hocking of Yonkers, C. C. Miller of Mott Haven, and McCollum of Port Chester.

Dr. Brown reported from the Board of Censors that the credentials of Drs. Torrey and Hocking had been examined and found satisfactory. On ballot they were unanimously elected.

On motion.

Resolved, That in accordance with the resolution passed at the last meeting, the Secretary be directed to call a meeting of the homœopathic physicians of the river counties to be held in conjunction, with the semi-annual meeting of the Dutchess County Homœopathic Medical Society.

Adjourned.

C.

Clinical Report.

Cases of Intermittent Fever. By T. C. Fanning, M. D., of Tarrytown.

Case I.

December 25th, 1862. Annie H——, aged three years; hair light; complexion doughy-white; small; spleen enlarged; has had the fever

(contracted at Panama) since she was two months old, never passing more than two months without an attack. Fever quotidian; chill moderate; fever severe; no sweat; very irritable; anorexia. Since last May has had an ulcer on the inside of left cheek, now about the size of a dime (has been larger), with inflamed base and hard elevated edges, very offensive, bleeds easily. Has until recently always had diarrhœa, now very much constipated, passing hard fæces. Last week passed a lumbricoid, has been considerably troubled with worms. Former treatment allopathic, principally arsenicum, as the child could not be made to take quinine. Prescribed arsenicum[200] in solution, a teaspoonful once in four hours.

December 26th, had a paroxysm milder than usual to-day.

January 7th, had no more paroxysms. Bowels regular. Mouth still the same. Silicea[200] in solution, a dose three times a day.

January 19th, has had two very slight paroxysms; otherwise much better. Mouth about well. Left arsenicum[200] in powders, one to be given after a paroxysm if any more should occur. Some months later the mother told me the child became and continued quite well.

CASE II.

September, 1868. G. M——, girl, aged two and a half years; light hair and complexion; pale; subject to paroxysms of ague since last fall, which were repeatedly "broken" by quinine; appetite poor for past week; complains very often of feeling tired; urine deep yellow. After a few doses (one daily) of natrum mur,[200] she regained her color, and has had no return of the chills. January, 1869.

Case of Aneurism of the Aorta. By T. C. Fanning, M. D., of Tarrytown.

Mrs. H. Gardiner, aged forty; light complexion; naturally rather full habit. Called to see her, July 23d, 1868, on account of a troublesome cough, which she attributed to dyspepsia. Had been under treatment for dyspepsia by Dr. R——, of New York, for several months. The cough was paroxysmal, dry, *suffocative*, coming mostly evenings and on lying down, and when drinking *hot* tea, induced by feeling of irritation in throat-pit. Respirations frequent, with sensation of want of power in left lung. Examination of the lungs at the back disclosing nothing unusual. I made no further physical examination at the first visit. After three or four prescriptions at intervals of several days, with but little effect, I inquired more particularly

concerning Mrs. G.'s antecedent history; and finding tubercular disease in the family, and that she had lost flesh and strength greatly, I put my ear to the left infra-clavicular region, and was surprised at the entire absence of sound. Without further examination, I told Mr. G. that there was evidence of serious disease (probably tubercular) in his wife, and advised him to obtain the opinion of Dr. Alonzo Clark concerning its nature and extent, and the best hygienic course to pursue. Dr. Clark diagnosed tubercular disease, especially on the right (slip of the tongue for left?) side, and advised out-door exercise (horse-back riding, etc.), and medication to be directed chiefly against the dyspepsia. The day after she went to see Dr. Clark, she was taken with an attack of endo-carditis; symptoms, dyspnœa, which compelled her to sit up; she could not even lean back in a chair; very distressing *drawing* pain in cardiac region and left shoulder; endo-cardial murmur most distinct at the apex of the heart; very irritable and lachrymose. This condition yielded readily to bryonia[200], and in a few days disappeared entirely. I now made a careful physical examination of the thorax, with the following result:

Percussion tone resonant, and the same over both lungs.

Respiratory murmur in right lung, puerile in left lung; posteriorly natural (possibly a little feeble); anteriorly and laterally inaudible, except in forced inspiration, when the murmur was vesicular, but faint. Heart sounds normal. Movement of thorax natural and free on both sides. Respirations about twenty-five. Hoarseness. This condition certainly did not indicate tuberculosis to my mind; but not wishing to differ from Dr. Clark in diagnosis, I repeated the examination twice, at subsequent times, with the same result, and then said that I did not believe there was any tubercular deposit, though I was unable to furnish a satisfactory explanation of the physical signs. Dr. Dunham, who examined her with me, concurred in my opinion.

Guided by the symptoms, biased by the previous heart trouble (though there was no longer any sign of heart difficulty), I prescribed spongia,[200] one dose daily, which was followed by immediate improvement in cough and entire relief of dyspepsia. Continuing the spongia, improvement in strength and general healthy feeling progressed, with but slight cough, no longer paroxysmal, nor at any special time, except when drinking hot tea; but she did not gain in flesh, nor did the respiratory murmur become more audible in the left side, though she thought she could breath more easily.

October 5th. I was called in great haste, and found her dead, with blood oozing from mouth and nose at every movement of body. The cause of death, and explanation of physical signs was evident. The rupture occurred while she was sitting quietly.

Examination disclosed a sacculated false aneurism on the right posterior wall of the descending portion of the aorta, about one and a half inches long by three-quarters of an inch wide, which had burst into the left bronchus, half an inch below the bifurcation of the trachea.

Case of Hallucination. By T. C. Fanning, M. D., of Tarrytown.

H. K. Robust girl, aged five years. Inclined to acute pulmonary attacks. Woke suddenly in the night, much frightened, and screaming that snakes were under and about her. She would look wild, scream, and point to the snakes, or say they were under her; and when shown that there was nothing unusual there, be quiet and natural for a few minutes. Under the supposition that codfish-cake, eaten for supper, was the exciting cause of the trouble, a dose of nux vom. was given without effect. Stramonium^{30} was then given, in frequent doses with immediate, slight improvement. The next day she looked rather wild at times, and all day refused to walk, except upon her heels, insisting that there were snakes in her shoes, which she would tread upon, if the foot were put flat down. On the recurrence of the hallucination, without apparent cause, one night two or three weeks later, a few doses of stramonium^{200} were given with the result of complete and permanent removal of the trouble.

Case of Typhoid Fever. By T. C. Fanning, M. D., of Tarrytown.

Mrs. K., aged about sixty-five. Of carcinomatous antecedents and had one scirrhus breast removed some years ago. Nervous temperament. A life-long victim of neuralgia. Had been very feeble, and suffering from digestive derangement all summer. Taken September 23d at 9 P. M., with nausea, (vomited a little bloody mucus,) which mitigated by ipecacuanha, continued with extreme weakness, all night. Saw her first at 1 P. M., September 24. Found her restless (mentally) but too lifeless to move. Mouth dry. Thirst. Full feeling in stomach. Pain in front part of head and eyes. Eyes feel heavy. Aching in bones and back. Gasping sensation, as if she could not draw a full breath. Breath very offensive. Pulse full, hard, 98.

Tenderness in left iliac region. Prescribed baptisia tinct.[2] in solution, a dose every two hours.

September 25th, 6 A. M. Feels better. Headache less. Tongue red, and dry in the centre. Full feeling less. No dreams. Not so restless. Tenderness in iliac region gone. Two movements of bowels; the first natural, the second thin and offensive.

26th P. M. Had a good night and comfortable day. No medicine. No return of the typhoid symptoms but convalescence was very gradual with more or less of the old neuralgic trouble.

November 23d. Mrs. K. went to New York for the winter; on the 25th, she sent for me again. For four nights she had gone to sleep and wakened after a nap, hot and very restless, with extreme aching, boring pain in bones of legs. No thirst. She now feels, on rising, as if she would fall forward. Insecure feeling in attempting to walk, the knees give way, and she goes every way. Tongue feels thick, and the speech is thick. Dead, numb feeling and pricking as if asleep, especially below elbows and knees. The paralytic symptoms commenced the day before and were rapidly increasing. Prescribed one dose of cocculus[200] at 5.30 P. M. Already, before going to bed felt better. Had a very comfortable night (after having the legs rubbed), and the next day the numb feeling had mostly gone except in the right hand, where it was much better. She could stand and walk feebly, but without the previous sense of insecurity.

February, 1869. No return of paralytic symptoms, but the right side is not so strong as the other and when fatigued there is a very slight thickness of speech.

ARTICLE LXXVII.

Abstract of Session Laws of 1869, relating to the Practice of Medicine and Surgery.

Chapter 39 authorizes the medical department of the city of New York to hold an increased amount of real estate.

Chapter 191 re-incorporation of the Homœopathic Medical College in the city of New York.

SECTION 1. The corporate name of the "Homœopathic Medical College of the State of New York in New York City," a corporation first established pursuant to chapter three hundred and twenty-nine of the laws of eighteen hundred and sixty, is hereby changed to the title of "The New York Homœopathic Medical College." The said corporation is hereby continued in existence, and all official acts performed and degrees conferred under the said titles, are hereby confirmed and made valid. The said college shall be located as heretofore, in the city of New York, and nothing contained in this act shall abridge or impair any right, obligation, or liability to which the said corporation is a party, or affect any action or legal proceeding now pending.

§ 2. William Cullen Bryant, Theodore W. Dwight, Charles E. Frame, Daniel D. T. Marshall, James A. Robinson, H. N. Twombly, John D. Van Buren, Benjamin H. Walcott, Salem H. Wales, Horace Webster, John Bissell, D. Louis Pettie, A. Oakey Hall, J. M. Smith, George Griswold, Jonathan Sturges, Ralph Mead, Orson D. Munn, William De Groot, Edward H. Ludlow, and their successors, are herby declared and constituted the corporation of said college, with the full powers, rank and functions of trustees of the same; and may also fill all vacancies in their own number. They shall annually appoint a faculty, to consist of not less than six persons, qualified to instruct students in anatomy, physiology, the institutes and practice of medicine and surgery, obstetrics, materia medica, therapeutics, hygiene, chemistry, pharmacy, medical jurisprudence, and kindred sciences; and also a board of censors, not less than three in number, none of whom shall be a professor or instructor in said college, to examine and recommend candidates for the degree of doctor of medicine. Six of the said trustees shall constitute a quorum for the transaction of all business, except so far as the same may relate to the leasing, purchasing, holding and disposing of real estate.

§ 3. The board of trustees are empowered, upon the recommendation of the faculty and board of censors, to grant and confer the degree of doctor of medicine upon students of the said New York Homœopathic Medical College; but no such student shall receive such degree unless he shall be twenty-one years of age and shall have pursued the study of medicine for at least three years, under the

supervision of a reputable physician, and have attended at least two full terms of instruction in an incorporated medical institution, the last of which terms shall have been held in this college. The said board of trustees may also confer said degree, either honorary or *ad eundem*, in pursuance of the recommendation of the censors, upon eminent practitioners of medicine and persons holding diplomas from other reputable incorporated medical institutions. The said trustees, in testimony of the conferment of said degree, shall present to the candidate the diploma of said college duly certifying the same, and attested by the seal of the corporation and the signatures of their president and secretary, a majority of the board of censors and of the instructors in said institution. The said diploma shall bear the date of its conferment by the order of the board of trustees, and shall entitle the person receiving it to all the rights, privileges, immunities and liabilities of physicians as declared by the laws of this State.

§ 4. The third and fourth sections, and such other provisions of chapter three hundred and twenty-nine of the Laws of eighteen hundred and sixty, as are inconsistent with the provisions of this act, are hereby repealed.

§ 5. This act shall take effect immediately.

Chapter 207. Increases the number of directors of the Western Homœopathic Dispensary in the city of New York, to twenty-five.

Chapter 295. Provides for the support of dispensaries in the city of Brooklyn.

Section 1. It shall be the duty of the joint board of aldermen and supervisors of the city of Brooklyn hereafter to levy and raise annually the sum of one thousand dollars, to be paid to the Brooklyn Central Dispensary for its support; the sum of one thousand dollars to be paid to the Brooklyn City Dispensary for its support; the sum of one thousand dollars to be paid to the Brooklyn Eclectic Dispensary for its support; the sum of one thousand dollars to be paid to the Williamsburgh Dispensary for its support; the sum of one thousand dollars to be paid to the Brooklyn Homœopathic Dispensary for its support, and the sum of one thousand dollars to be paid to the Long Island College Dispensary for its support.

§ 2. This act shall take effect immediately.

Chapter 378. Incorporating the Margarettsville Retreat for the Insane.

Chapter 449. Incorporating the Eclectic Medical College of the city of New York.

Chapter 478. Prohibits the preparation of medical prescriptions by any person who has not served two years apprenticeship in a drug store, or is a graduate of a medical college or college of pharmacy, except under the direction of a person possessing some of the before mentioned qualifications.

Chapter 578. Amends the act of incorporation of the New York

Dispensary relative to the mode of election of officers and the general management of the institution.

Chapter 584. Incorporates the Manhattan Eye and Ear Hospital in the city of New York.

Chapter 631. Relative to the procurement of abortions.

Section 1. Any person who shall administer to any woman with child, or prescribe for any such woman, or advise or procure her to take any medicine, drug, substance or thing whatever, or shall use or employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve her life, shall, in case the death of such child, or of such woman be thereby produced, be deemed guilty of manslaughter in the second degree.

§ 2. Whoever shall unlawfully supply or procure any medicine, drug, substance or thing whatever, knowing that the same is intended to be unlawfully used or employed with intent to procure the miscarriage of any woman, whether she be or be not pregnant, shall be deemed guilty of a misdemeanor, and shall, upon conviction, be punished by imprisonment in the county jail not less than three months nor more than one year, or by a fine not exceeding one thousand dollars, or by both such fine and imprisonment.

§ 3. Every person offending against either of the provisions of this act, shall be a competent witness against any other person so offending, and may be compelled to appear and give evidence before any magistrate or grand jury, or in any court, in the same manner as other persons; but the testimony so given shall not be used in any prosecution or proceeding, civil or criminal, against the person so testifying.

§ 4. Repeals former laws relating to the procurement of abortions.

Chapter 809 incorporates the Brooklyn Eclectic Dispensary.

Chapter 822 contains a clause reappropriating $1,000 to the dispensary of the Troy hospital.

Chapter 857 (charity bill) appropriates, for the support of the allopathic hospitals in the State, except the New York hospital, Bellevue hospital, and St. Luke's hospital, in the city of New York, $75,000, to be equally divided in proportion to the number of beneficiary patients, and the time such patients have been under treatment..... $75,000 00

Also the following:

Hospital of Sisters of St. Francis, New York	$3,000
Sisters' hospital in Eleventh street, "	3,000
New York Ophthalmic Hospital.....	2,500
Total amount appropriated to allopathic hospitals.....	$83,500

No appropriation to homœopathic hospitals.

Also to the following allopathic dispensaries:

Eclectic Medical Dispensary, New York	$2,500
Brooklyn City Dispensary	1,200
Manhattanville Dispensary	1,000
New York Eye and Ear Infirmary	1,000
" Dispensary for treatment of cancer	1,000
Demilt Dispensary, New York	1,000
Eastern Dispensary, "	1,000
Harlem "	1,000
Yorkville "	1,000
Albany Hospital Dispensary	1,000
Williamsburgh Dispensary	750
German Dispensary, New York	600
Dispensary of the New York Medical College for Women	500
Northern Dispensary, New York	500
Long Island College Hospital Dispensary	500
Eclectic Medical Dispensary, Brooklyn	500
Buffalo City Dispensary	500
Dispensary of the Troy Hospital	500
New York Infirmary Dispensary	500
Western Dispensary for Women and Children, New York	300
Total amount given to twenty allopathic dispensaries	$16,850

Also for the support of the following homœopathic dispensaries:

New York Homœopathic Dispensary	$2,000
Bond Street Dispensary	1,500
New York Infirmary for Women	1,000
" Homœopathic Medical College Dispensary	1,000
Tompkins Square Dispensary	1,000
Poughkeepsie Homœopathic Dispensary	800
Albany City Dispensary	700
Western Homœopathic Dispensary	600
North-eastern Homœopathic Dispensary	500
Buffalo Homœopathic Dispensary	500
Brooklyn Homœopathic Dispensary	500
Total amount given to eleven homœopathic dispensaries	$10,000

Also for building purposes:

(Allopathic) New York Medical College for Women, $10,000; Rochester City Hospital, $5,000	$15,000
(Homœopathic) New York Ophthalmic Hospital	$30,000

ARTICLE LXXVIII.

Circular addressed to the Homœopathic Medical Profession of the State of New York. By the Secretaries of the State Medical Society—H. M. Paine, M. D., 104 State street, Albany, Recording Secretary; E. Darwin Jones, M. D., 140 State street, Albany, Corresponding Secretary.

The object designed to be accomplished in the formation of the State Medical Society is, as stated in article first of the Constitution, the "*advancement of medical science.*" To render this purpose practically effective, five bureaus have been appointed, consisting of five members each. The names of the bureaus and the duties assigned them are fully stated in the by-laws, on page 806. The members of the several bureaus will arrange and classify all reports and communications, however fragmentary, and prepare them for publication in the Transactions.

Let those who have not time or opportunity for elaborate articles, give brief accounts of interesting facts occurring in practice, or curative effects resulting from the use of certain medicines in particular diseases or groups of symptoms. Let each resolve to write out and communicate even as few as three or four cases from practice. Moderate effort only is needed, if it be general throughout the Society, to secure very gratifying and exceedingly valuable results. Papers worthy of preservation and of general interest to the profession, will be acceptable. It is desirable that the profession should keep constantly in view the wants of the Society in this respect. An annual contribution of a single clinical case and a single proving of a drug by every homœopathic physician residing in this State, would render the volume of Transactions of the State Medical Society of great practical value and increasing usefulness. Correspondents are requested to transmit all papers and communications, which properly belong to either of the departments, directly to their respective chairman; all other communications may be forwarded to either of the secretaries.

A suitable appreciation on the part of the profession of so great a favor as the annual publication of the volume of Transactions ought surely to prove a powerful incentive to labor earnestly and perseveringly for the advancement of medical science. As members of the

regular medical profession, let us show by the published results of our labors, that we are disposed to contribute our quota toward the accomplishment of this desirable end. Ample opportunity is afforded for the publication of all suitable articles, and for placing on permanent record all the proceedings of the several county medical societies in the State.

Contributors of papers for publication should avoid the improper use of capital letters, and the underlining of words that are not designed to be italicized; should write their communications in a fair, legible hand, *only on one side of the paper*, and commence the first page about *half way down the sheet.*

The secretaries of County Medical Societies are requested to comply with the requirements of the by-laws published on page 807; and to observe the instructions given in Article LXXXV, regarding the election of delegates; also the rule which requires the previous nomination by county societies of all candidates for permanent membership, on pages 807-8.

ARTICE LXXIX.

Constitution and By-Laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

ARTICLE I.

Name and Object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

ARTICLE II.

Laws of the State deemed a part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and surgery, shall be deemed a part of this constitution.

ARTICLE III.

Officers, when and how to be Elected.—The officers of the Society shall be a president, three vice-presidents, recording secretary, corresponding secretary and treasurer; all of whom shall be elected by ballot at an annual meeting.

Election of Censors.—The Society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Votes of a majority necessary to a choice, and term of office.—At all elections of officers, the votes of a majority of the members present shall be necessary to a choice; their term of office shall commence at the adjournment of the meeting at which they were elected, and shall continue for one year, or until the close of the annual meeting next succeeding the one at which they were elected, and until others are chosen in their places.

ARTICLE IV.

Duties of Officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and, in addition thereto, such as may be from time to time designated in the by-laws.

ARTICLE V.

How Constituted.—The Society shall be composed of delegates from each county homœopathic medical Society and homœopathic medical college in this State, and such other members as may be designated in the by-laws.

Article VI.

Annual Meeting.—The annual meeting of the Society shall be held in the city of Albany, commencing on the second Tuesday of February in each year.

Article VII.

Quorum.—At any meeting of the Society seven members shall constitute a quorum.

Article VIII.

Seal.—The Society may have a common seal, with a suitable device and inscription.

Article IX.

Amendments.—This constitution may be altered or amended by a vote of two-thirds of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

Section 1. *Duties of the President.*—The President shall preside at the meetings of the Society, preserve order therein, put all questions, announce the decisions; appoint committees not otherwise ordered; receive and pay over to the Treasurer the sum of ten dollars for each diploma granted by the Society; direct the Secretary to call extra meetings on the written request of any seven members explaining the reason for such action; deliver an address at the annual meeting or procure a substitute, and perform such other duties pertaining to his office as may be required of him by the Society.

§ 2. *Duties of the Vice-Presidents.*—It shall be the duty of the Vice-Presidents, in the absence of the President, to perform, in the order of election, the duties of that officer.

§ 3. *Duties of the Recording Secretary.*—It shall be the duty of Recording Secretary to provide a book in which he shall make an entry of all resolutions and proceedings which may be had from time to time, also the name of each and every member of said Society, and the time of his admission; preserve all documents and papers belonging to the Society; divide the delegates into four classes in compliance with the ninth section of these by-laws; give notice of all meetings, and deliver to his successor in office all books and papers belonging to the Society.

§ 4. *Duties of the Corresponding Secretary.*—It shall be the duty of the Corresponding Secretary to receive and lay before the Society all communications addressed to it; and generally to conduct the correspondence of the Society; notify bureaus and committees of their appointment; notify the Secretaries of the respective county Societies whenever there are vacancies in the list of delegates, and perform

such other duties pertaining to his office as by vote of the Society may devolve upon him.

§ 5. *Duties of the Treasurer.*—The Treasurer shall receive and be accountable for all moneys belonging to the Society; pay out on the warrent of the President such sums as may be agreed upon at the annual meeting, and report in writing at each annual meeting.

§ 6. *Duties of the Censors.*—It shall be the duty of the Censors to examine carefully and impartially each student presenting himself as a candidate for license to practise medicine and surgery, and report their opinion in regard to his qualifications in writing to the President; and to decide all questions of appeal from county homœopathic medical Societies relating to the examination or qualifications of students.

§ 7. *Executive Board.*—The President, Vice-President, Secretaries, Treasurer, and chairmen of the several bureaus shall constitute the Executive Board, whose duty it shall be to make arrangements for the meetings of the Society; arrange the business of the sessions; attend to matters of business not otherwise especially provided for, and perform such other duties as may by vote of the Society devolve upon it. This Board shall also constitute the committee of publication, to whom shall be referred for revision, all papers placed on file for publication.

§ 8. *Bureaus. Materia Medica.*—There shall be a bureau of materia medica, pharmacy and provings, which shall obtain facts relating to the materia medica and pharmacy, and institute, collect, and arrange provings of drugs.

Clinical Medicine.—There shall be a bureau of clinical medicine, which shall collect facts relating to clinical medicine generally, and especially to any epidemic or endemic disease which may exist in the State.

Ostetrics.—There shall be a bureau of obstetrics and diseases peculiar to women and children, which shall collect and report to the Society facts and observations on subjects petaining thereto.

Surgery.—There shall be a bureau of surgery, which shall report all improvements in surgery.

Statistics.—There shall be a bureau of registration and statistics, which shall keep a register of all homœopathic physicians in the State, prepare a list of all Societies and organizations, and collect statistics regarding the status and progress of homœopathy.

Appointment of.—Each of these bureaus shall consist of five members, who, with the exception of the chairman, shall be appointed annually by the President, with the advise of the other members of the Executive Board.

Papers and reports presented to the Society shall be referred to their respective bureaus, to be prepared for publication.

Chairmen of similar bureaus, in county Societies, shall be *ex officio* corresponding members of these bureaus.

§ 9. *Members. Ratio of Delegates from county homœopathic medical Societies.*—Each county homœopathic medical Society in this

State is entitled to elect as many delegates to this Society as there are members of Assembly from their respective counties.*

From each homœopathic medical college.—Each homœopathic medical college in this State may respectively elect one delegate to this Society.*

Delegates to be divided into four classes.—Delegates to this Society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the Secretary to classify them so as to keep the number as nearly equal as possible.*

Permanent Members.—The Society may elect sixteen permanent members, not to exceed two annually from any one judicial district, previous nomination at an annual meeting of the State Medical Society and by a county medical Society being a prerequisite. †

Privileges of.—Persons so elected shall be entitled to all the privileges of membership.

Six Honorary Members may be annually elected, previous nomination required.—The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. ‡

Privileges of.—Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.

Honorary degree of Doctor of Medicine to be conferred by Regents of the University, and who are eligible to nomination.—The Society may annually recommend the names of four person to the Regents of the University for the honorary degree of Doctor of Medicine; provided that the persons so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. The mode of nomination shall be as follows: The Society shall, by open nomination, present the names of any number of physicians, and afterward the names of the candidates, or such of them as each member shall please to vote for; the number to be voted for at one ballot shall not exceed four, and the names of those only who shall have received two-thirds of the votes of the members present shall be presented.

§ 10. *Fees. Annual Dues.*—Four dollars shall be due annually from each permanent member and delegate.

§ 11. *County Societies. Duties of the Secretaries of the County Societies.*—The Secretaries of each of the county homœopathic medical Societies in this State, are requested to furnish the Recording Secretary of this Society, on or before the first day of January of each year, a report, consisting of

1. A list of officers and members of their respective Societies, with their address in full.

2. Biographical notices of any who have died during the previous year.

* See delegate list of members and classification of counties, Article LXXXV.
† See list of permanent members, Article LXXXIV.
‡ See list of honorary members, Article LXXXIII.

3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

§ 12. *Nominating Committee.*—At each annual meeting, a Committee on Nominations shall be appointed to nominate officers of the Society, chairmen of bureaus, delegates to other Societies, honorary and permanent members; the latter, in all cases, must be selected from lists furnished by county Societies.

§ 13. COMMUNICATIONS. *Publication of Communications.*—Communications read before the Society become its property, to be deposited in its archives; but no paper shall be published as a part of the Transactions without the approval of a majority of the committee on publication, unless the same be ordered by a vote of the Society.

§ 14. *Order of Business.*—At the meetings of the Society, the following shall be the regular order of business:

First Day. 1. Communication from the President.

2. Reading of the minutes of the last meeting.
3. Appointment of the Nominating Committee.
4. Report of the Executive Committee on Credentials.
5. Election of permanent and honorary members previously nominated.
6. Report of the Treasurer, and the auditing of his accounts.

No other business shall be considered by the Society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

Annual address of the President in the evening.

Second Day. 1. Report of Nominating Committee and election of officers.

2. Reports of Medical Committees.
3. Presentation of reports, and communications on medical and surgical subjects.

§ 15. *Amendments.*—These by-laws may be altered or amended at any regular meeting by the vote of a majority of members present.

ARTICLE LXXX.

Code of Medical Ethics adopted by the American Institute of Homœopathy. Also adopted by the Homœopathic Medical Society of the State of New York, at its eighteenth annual session, February 10, 1860.

"The committee, appointed by the American Institute of Homœopathy to 'prepare a complete Code of Medical Ethics,' respectfully present the following as the result of their labors.

"Considering it to be very desirable that the codes of ethics adopted by the various associations of the physicians of our country should be uniform in scope and arrangement and as nearly identical in language as possible, the committee have used the arrangement, and, to a great extent, the language of the code adopted by the American Medical Association, and published in volume xvi of the their Transactions (for 1865), modifying it where changes seemed to be demanded by a proper regard for liberality and for justice, both to patient and to physicians, or by a due concern for the freedom of medical education, opinion and action."

Code of Medical Ethics.

Scope.—The scope of a Code of Medical Ethics comprises the reciprocal duties and obligations of physicians and patients; the duties and obligations of physicians to each other; and the reciprocal duties and obligations of physicians and the public.

Fundamental Principles.—The great principles upon which medical ethics are based are these:

1. The great end and object of the physician's effort should be, "the greatest good to the patient."

2. The rule of conduct of physician and patient and of physicians toward each other, should be the Golden Rule: "As ye would that men should do to you, do ye also to them likewise."

The various articles or the code are only special applications of these great principles.

Part I.

Reciprocal Duties and Obligations of Physicians and Patients.

Article I. Duties of physicians to patients.

II. Duties of patients to their physicians.

PART II.

Duties and Obligations of Physicians to each other.

Article I. Duties as members of the medical profession.
II. Professional services to each other.
III. Vicarious services.
IV. In regard to consultations.
V. In cases of interference.
VI. Differences between physicians.
VII. Concerning pecuniary obligations.

PART III.

Reciprocal Duties and Obligations of Physicians and the Public.

Article I. Duties of the profession to the public.
II. Obligations of the public to physicians.

PART I.

OF THE RECIPROCAL DUTIES AND OBLIGATIONS OF PHYSICIANS AND THEIR PATIENTS.

Article I.—Duties of the Physician to the Patient.

SECTION 1. The physician should hold himself in constant readiness to obey the calls of the sick. He should ever bear in mind the sacred character of his calling, and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon the skill, attention and faithfulness with which he performs his professional duties.

§ 2. The physician, in order that he may be able to exercise his vocation to the best advantage of the patient, should possess his respect and confidence. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness toward the weaknesses incident to his condition, and by the exercise of a firm but kindly authority. The physician is bound to keep secret whatever he may either hear or observe, while in the discharge of his professional duties, respecting the private affairs of the patient or his family. And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

§ 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes, and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits, lest he render the patient needlessly anxious about his case, or expose himself to the charge of being actuated by mercenary motives.

§ 4. The physician should not give expression to gloomy forebodings respecting the patient's disease, nor magnify the gravity of the case. Bearing in mind the almost infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, courage and fortitude, which are the physician's best moral adjuvants.

But it is the physician's duty to state the true nature and prospects of the case, from time to time, to some judicious friend or relative of the patient, and to keep this person fully informed of its changes and probable issue; and if the patient himself request the physician to disclose to him the nature and prognosis of his disease, it is his duty to state tenderly, but frankly, the whole truth, provided the patient be of sound mind and strong enough to receive the disclosure without serious injury. The patient has a right to know the truth. If, moreover, facts within the physician's knowledge lead him to believe that it is of great importance, in relation to the patient's affairs, that he should be warned of the approach of death, it is the physician's duty to reveal to the patient's nearest friend, or to the patient himself, the true state of the case and the importance of timely action.

§ 5. Whether the case proceed favorably or become manifestly incurable, it is the physician's duty to continue his attendance faithfully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

§ 6. As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so likewise the physician may, with equal propriety, decline to attend patients when his self-respect or dignity seem to him to require this step. As for example, when they persistently refuse to comply with his directions.

§ 7. In difficult or protracted cases, consultations are advisable. They tend to increase the knowledge, energy and confidence of the physician, and to maintain the courage of the patient. The physician should be ready to act upon any desire which the patient may express for a consultation, even though he may not himself feel the need of it. Nothing is so likely to maintain the patient's confidence as alacrity in this respect. Moreover, such a course is but just to him, for he has an indisputable right to whatever aid or counsel he may think likely to be of service to him.

§ 8. The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses toward a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretense of disease, in order to evade services demanded by law, as jury or military duty; the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of life insurance, or for deception of other kinds; and especially

the procurement of abortion when not necessary to save the life of the mother. To all such propositions the physician should present an inflexible opposition. It is his duty, in an authoritative but friendly manner, to explain and urge the nature, illegality and guilt of the proposed action, and to use every effort to dissuade from it, and to strengthen the patient's virtue and sense of right. The physician should be aware of the frequency of criminal abortion, and of the different methods employed for it, and should take every occasion to warn those who may be tempted to resort to it. In no case should the physician induce abortion or premature labor without a previous consultation with the most experienced practitioners attainable, nor without the most clear and imperative reasons.

Article II.—Duties and Obligations of Patients to their Physician.

SECTION 1. Physicians are required, by the nature of their profession, to sacrifice comfort, ease, and even health, for the sake of their patients. Patients should reflect upon this, and should understand and remember that they have corresponding duties and obligations toward their physicians.

§ 2. The patient should select a physician in whose knowledge, skill, and fidelity he can place implicit confidence; whose habits of life are regular and temperate, and whose character and demeanor are such that he can regard him as a personal friend. He must be able to confide in him freely. And the physician should not be changed for light reasons. A physician thoroughly acquainted with the constitutions, temperaments, and tendencies of a family can the more successfully treat them.

§ 3. The patient should always consult his physician as early as possible after he has discovered that he is ill. A disease which is trifling at its onset may grow formidable through neglect. The physician should be regarded as a confidential adviser, who, on being early consulted, may prevent a sickness.

§ 4. The patient should faithfully and unreservedly state to his physician the supposed cause of his malady, and tell him everything that may have a bearing upon its nature. Since the physician is under the strongest obligations to secrecy, the patient should not allow considerations of delicacy, modesty, or pride to prevent an entirely frank statement of his case, and candid and full replies to interrogatories.

§ 5. The patient should implicitly obey his physician's injunctions as regards diet, regimen and medical treatment. If he deviate from these directions, he cannot hold the physician to a full responsibility in the case; and, further, by a partial obedience he incurs some personal risk, since, in the treatment of diseases, all parts of the physician's advice are made to harmonize, and each is dependent on the others and may be unsafe without the coincidence of the others. Moreover, he does the physician an undeserved, and often a serious, wrong. If the patient have not sufficient confidence in his physician, and respect for him, to follow his directions, it were better for him frankly to say so, and to employ another in whom he can confide.

The patient should never allow himself, while under a physician's treatment, to take other medicines than those prescribed by him. He would, by so doing, incur a serious risk of taking medicines that are incompatible with each other. If desirous of trying any other mode of treatment, it would be much better frankly to state the fact to his physician, and ask his advice.

§ 6. The patient should, if possible, avoid receiving the friendly visits of a physician other than the one under whose charge he is. When he receives such visits, he should avoid conversation on the subject of his disease; for an accidental observation might give him false impressions respecting his disease, or destroy his confidence in the treatment he is pursuing. He should never send for a consulting physician without the express consent of his own medical attendant; for physicians can act together for the advantage of their patient, only when they act harmoniously. Nor should he, by a secret appointment, constrain his medical attendant to meet another physician with whom he might not be willing to consult; but the patient has an undoubted right to have the opinion of any physician whom he may desire, upon his case. His proper course is, to request his medical attendant to arrange a consultation, and frankly state his desire for the physician whom he may prefer. If his medical attendant decline the consultation, it is then for the patient to determine whether he will insist, and thus dismiss his medical attendant, or whether he will defer to the judgment of his own physician. And the patient has a right thus to choose.

§ 7. If the patient wishes to dismiss his physician, he should, in justice and in common courtesy, state his reasons, and, if possible, in a friendly manner. To dispense with the services of a physician need not, of necessity, change the social relations of the parties.

§ 8. The patient should, when practicable, send for the physician in the morning, before his usual hour for leaving home. He will, by so doing, secure his earlier attendance, and will enable him the better to apportion his time so as to do justice to all his calls and engagements. He should call on his physician during his office hours only, and should avoid disturbing him in hours devoted to meals, rest and sleep. And in receiving his physician's visits, he should avoid compelling him to wait, even a few minutes. The aggregate of petty detentions, while the patient is making some needless preparation to receive the physician, amounts to a serious waste of valuable time.

PART II.

OF THE DUTIES AND OBLIGATIONS OF PHYSICIANS TO THE PROFESSION AND TO EACH OTHER.

Article I.—Duties to the Profession.

SECTION 1. Inasmuch as every member of the medical profession partakes of the honor in which it is held, is entitled to its privileges and immunities, and profits by the scientific labors of his predecessors and associate; it is his duty faithfully to endeavor, in his turn,

to elevate the position of the profession and, by every honorable exertion, to enrich the science of medicine.

§ 2. In no other profession should a higher standard of morality and greater purity of personal character be required. Physicians ought to come up to this standard, and do what they may to exalt it. As the practice of medicine requires the constant exercise of a vigorous and clear understanding, and as the practitioner should be, at all times, ready for emergencies in which the welfare and even the life of a fellow creature may depend upon his steady hand, acute eye, and unclouded brain, it is incumbent upon the physician to be temperate in all things.

§ 3. The physician should not resort to public advertisements or private cards or handbills, inviting the attention of persons affected by particular diseases or publicly offering advice and medicine to the poor, *gratis*, or promising radical cures. Neither should he publish cases or operations in the daily prints; nor invite laymen to be present at operations, nor solicit or exhibit certificates of skill and success; nor perform any similar act.

§ 4. It is equally derogatory to professional character for a physician to hold a patent for any nostrum or any surgical instrument or appliance; or to keep secret the nature and composition of any medicine used by him. Such restriction or concealment is inconsistent with the benificence and liberality which should characterize the medical profession. But it is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies and new processes of preparing medicines as well as new modes of treating diseases, and to subject them to the analysis of scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible, but is his solemn duty to investigate, thoroughly and without prejudice, whatever offers any probability of aiding his knowledge of the art and means of curing, and of thus enriching the science of medicine.

Article II.—Professional services of Physicians to each other.

SECTION 1. All practitioners of medicine, their wives and children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them. Physicians, when ill, are incompetent to prescribe for themselves. The natural anxiety and solicitude which they feel for members of their own family when ill, tend to obscure their professional judgment and make it difficult to treat them. Under these circumstances, physicians are peculiarly dependent on each other; and kind offices and professional aid should always be cheerfully and gratuitously afforded. But visits should not be obtruded, officiously or unasked, upon a sick physician.

If, however, a physician, in affluent circumstances, request the attendance of a distant professional brother, and offer an *honorarium*, it is not proper to decline it; for one should not, even from a kindly

motive, impose upon another a pecuniary obligation, which the recipient would not wish to incur.

If a physician is called from any considerable distance, the expense of travel, etc., thereby incurred, should always be paid by the physician receiving the visit; and an *honorarium* may be tendered if much time is consumed in making the visit.

Article III.—Duties of Physicians as regards Vicarious Offices.

SECTION 1. Attention to his personal affairs, the pursuit of health, and the various contingencies to which the physician is peculiarly exposed, sometimes compel him temporaily to withdraw from his duties to his patients, and to request some of his professional brethren to discharge them for him. Compliance with such a request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the physician relieved. And, when this is done for a short period only, all the pecuniary obligations for such services should belong to him. But if a physician neglect his business in quest of amusement and pleasure, he is not entitled to the frequent and long-continued exercise of this fraternal courtesy without conceding to the physician who acts for him the fees accruing from the duties discharged by the latter.

§ 2. Obstetrical and surgical cases involve unusual fatigue and responsibility; and it is just that the fees accruing therefrom should belong to the physician who attends them.

Article IV.—Duties of Physicians in regard to Consultations.

SECTION 1. A complete medical education, of which the diploma of a medical college is the formal voucher, furnishes the only presumptive evidence of professional acquirements and abilities. But the annals of the profession contains the names of some who, not having the advantage of a complete medical education, became, nevertheless, through their own exertions and abilities, brilliant scholars and successful practitioners. A practitioner, therefore, whatever his credentials may be, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship, nor his aid rejected, when it is desired by the patient in consultation. No difference in views on subjects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow practitioner. The very object of a consultation is to bring together those who may, perhaps, differ in their views of the disease and its appropriate treatment, in the hope that, from a comparison of different views may be derived a just estimate of the disease and a successful course of treatment.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may, and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or

academy establishing a creed or standard of orthodoxy or "regularity." It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee:

1. A truly fraternal good-will and fellowship among all who devote themselves to the care of the sick.

2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine, as the essential qualification of a physician.

3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness entrusted to his care.

The physician may, with propriety, decline to meet a practitioner of whose inimical feelings toward himself or of whose general unfairness in consultations he is satisfied. But, in such a case, he should explain to the patient his reasons; and if the patient desire the opinion of the practitioner objected to, the family physician may withdraw from the case and allow the other to be sent for. But, in justice to the latter, the state of affairs should be explained to him at the time he is requested to visit the patient.

§ 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together; and this is generally practicable: for society allows the plea of professional engagements to excuse the neglect of all others, and to be a valid reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period of time, after which the consultation should be considered postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting physician, he should retire without seeing the patient, except in cases of emergency, or when he has been called from a considerable distance, in which case he may examine the patient, and give his opinion in writing and under seal, to be delivered to the attending physician.

§ 3. In consultations, no rivalry or jealousy should be indulged in. Candor, probity, and all due respect should be exercised toward the physician in charge of the case. If the consulting physician cannot agree with him respecting the nature and proper treatment of the case, the physicians should state this fact to the patient, or his nearest friend, both physicians being present at the time, and should request him to select the one in whom he has the most confidence. But, if they agree sufficiently to take joint charge of the case, then the consulting physician must justify and uphold, as far as he can conscientiously do so, the practice of his associate, and must abstain from any hints, insinuations or actions, which might, in any way, impair the confidence which the patient reposes in him, or affect his reputation.

He must refrain from any extraordinary attentions or assiduities, calculated to ingratiate himself in the patient's favor and to supplant his associate.

§ 4. In consultations, the attending physician should first put the necessary questions to the patient. After this, the consulting physician should make such additional inquiries and examinations as may be needed to satisfy him of the true nature of the case. But he should avoid making a parade of examining the patient more thoroughly than had been done before; rather suggesting to the attending physician, where this is possible, to make whatever examinations he desires, than making them himself. Both physicians should then retire to a private room for deliberation.

§ 5. In consultations the attending physician should deliver his opinion first; and, when there are several consulting physicians, they should express their opinions in the order in which they have been called in. Should an irreconcilable diversity of opinion occur, when more than two physicians meet in consultation, the opinion of the majority should be regarded as decisive; but, if the number be equal on each side, the decision should rest with the attending physician. If two physicians, in consultation, cannot agree, they should call in a third to act as umpire. If this be not practicable, the patient must be requested to select the physician in whom he is most willing to confide. The physician who is left in the minority should, without any ill feeling, retire from the consultation and from any farther participation in the management of the case; and, in justice to the physician thus retiring, the fact of his difference from his associates should, in the presence of all the physicians attending, be explained to the patient, as his reason for withdrawing from the case.

§ 6. The attending physican should communicate to the patient or his friends the directions agreed upon in the consultation, as well as any opinion which it may be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all the physicians attending, and by their common consent. And no opinions or prognostications should be delivered, which are not the result of previous deliberation and concurrence. No decision arrived at in a consultation is to be regarded as restraining the attending physician from making such variations in the treatment as any subsequent change in the case may demand. But such variation and the reasons for it, ought to be carefully noted at the time, and detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency when the attending physician is out of the way; and similar explanations must be made by him at the next meeting.

§ 7. Sometimes a special consultation is desirable in cases in which the continued attendance of two physicians might be objectionable to the patient. The consulting physician, in such a case, should sedulously avoid all further unsolicited attendance. Such consultations require an extraordinary outlay of time and attention, and, at least a *double honorarium* may be reasonably expected.

§ 8. The consulting physician cannot, with propriety, take exclusive charge, at any time, of the patient in whose case he has been called in consultation, without the consent of the attending physician, except in cases provided for by the third sentence of section 3, and by the fourth sentence of section 5, of this article.

Article V.—Duties of Physicians in cases of Interference.

SECTION 1. Medicine is a liberal profession and those admitted into its ranks should base their expectations of success upon the extent of qualifications, not upon intrigue or artifice. A physician should not allow himself to feel envious or jealous of a brother-practitioner. The distinction which one successful physician wins is shared by the whole profession. Nor should a physician suffer himself to feel ill-will toward another who may come into his neighborhood and appear likely to take a share of the business which he has hitherto enjoyed. Such feelings are inconsistent with the beneficent and liberal nature of the profession. Liberality, and true generous fraternity in thought, word and deed, will unite the interests of all the members of the profession, and will so exalt the estimation in which it is held in the community that, confidence being increased, business will likewise increase; and to physicians will be accorded the position which, of right, should be theirs: That of confidential family advisers in all matters pertaining to the care of the body in health, no less than in sickness.

§ 2. The physician, in his intercourse with a patient who is under the care of another practitioner, should observe the strictest caution and reserve. No meddling questions should be asked in any interview for business or friendship, no disingenuous hints thrown out relating to the nature and treatment of his disorder, nor should the patient be allowed to converse upon these topics. No course of conduct should be pursued which might, directly or indirectly, tend to diminish the trust reposed in the physician employed.

§ 3. A physician should not take charge of a patient who is, or has recently been, under the charge of another practitioner in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or has been regularly notified that his services are no longer required. Under such circumstances no unjust or illiberal remarks should be made or insinuations thrown out in relation to the treatment pursued by the previous physician. Nor should the physician permit the patient unreasonably to find fault with his predecessor. For patients often become dissatisfied with their attendant on account of the mere duration of a case which no degree of professional knowledge or skill could have shortened.

§ 4. In cases of accident or sudden emergency, one or more physicians are often sent for by alarmed friends. Courtesy should assign the patient to the first of these that arrives, and he should select from those present such additional assistance as he may deem necessary. But he should also request the family physician (if there

be one) to be sent for, and, on his arrival, resign the case into his hands. The practitioner of the patient, when he arrives, should take the place of any one called in his absence. "The practitioner of any patient" is the man whom he has in any way given to understand that he regards him as his medical adviser, or who would now be in charge of the case were it not for his absence, sickness or other disability.

§ 5. In a sparse population, a physician when visiting a sick person, may be desired to see, in an emergency, a neighboring patient, who is under the regular charge of another physician. The conduct to be pursued on such an occasion is: To give advice adapted to present circumstances; to interfere as little as possible with the general plan of treatment; to assume no farther direction of the case unless it be expressly desired; and, in the latter case, to request an immediate consultation with the practitioner previously employed.

§ 6. A wealthy physician should not give advice *gratis* to the affluent, because his so doing is an injury to his professional brethren. The office of the physician can never be supported as an exclusively beneficent one, and it is defrauding in some degree the common fund when fees are dispensed with which might justly be claimed.

§ 7. When a physician who has been engaged to attend a case of midwifery is absent and another is sent for, if delivery is accomplished in the absence of the former, the latter is entitled to the fee, but he should resign the patient to the practitioner first engaged.

Article VI.—Of differences between Physicians.

SECTION 1. Diversity of opinion and opposition of interests may, in the medical, as in other professions, sometimes occasion controversy and even contention. When such cases occur and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical.*

Article VII.—Of Pecuniary Acknowledgments.

SECTION 1. Some general rules should be adopted by the physicians in every town or district, relative to pecuniary acknowledgments from patients. These should be adhered to by physicians as uniformly as circumstances will permit. They serve, likewise, as a standard to which appeal may be taken in cases of doubt or dispute.

§ 2. Members of the medical profession have been so uniformly in the habit of attending, gratuitously, the indigent sick and, in general, of answering every call promptly, and without a question as to whether they are to receive remuneration therefor, that many persons seem to think they have a right to demand the services of physicians; and do, in fact, call upon them freely, and neglect or refuse to render any pecuniary equivalent, although abundantly able to do so. They impose upon one physician, in this way, until they have exhausted his patience, and then call upon another; and thus, in the course of a few years, make the circuit of the profession in their

neighborhood. It is proper for the physicians of a community to make a list of the names of such individuals, and to demand, before visiting those whose names are on it, adequate security that their *honorarium* will be paid.

PART III.

THE RECIPROCAL DUTIES AND OBLIGATIONS OF PHYSICIANS AND THE PUBLIC.

Article I.—Duties of Physicians to the Public.

SECTION 1. As good citizens, it is the duty of physicians to be vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens. They should be always ready to give counsel to the public, in relation to matters appertaining to their profession; as, for example, on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the medical police of towns, drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases. And, when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of suffering, and the saving of life, even at the risk of their own lives.

§ 2. Physicians should always be ready, when called on by the proper authorities, to enlighten coroners' inquests and courts of justice on matters strictly medical, such as involve questions relating to insanity, legitimacy, or sudden and violent deaths, and in regard to the various other subjects embraced in the science of medical jurisprudence. But, in these cases, and especially where they are required to make *post-mortem* examinations, it is just and right, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them more than a mere consulting fee.

§ 3. There is no profession, by the members of which eleemosynary services are more freely dispensed than they are by physicians; but justice demands that some limits should be placed to the claims upon such offices at their hands. Poverty, professional brotherhood, the benevolent and scantily remunerated occupation of the individual patient, and certain of the public duties referred to in section 1 of this article, should always be recognized as presenting valid claims for gratuitous services. But neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, or perform military duty, or to certify to the state of health of parties wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to indigent per-

sons, such professional services should always be cheerfully and freely accorded.

Article II.—Obligations of the Public to Physicians.

SECTION 1. The benefit accruing to the public, directly and indirectly from the active and constant labors and benificence of the medical profession are so numerous and important that physicians are justly entitled to the utmost consideration from the community. The public ought, likewise, to entertain a just appreciation of the proper qualifications of a practitioner of medicine; to make a due discrimination between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education, and not to allow the provisions of their statute books or of the prospectus of their chartered institutions to interpose any obstacles to the attainment of the fullest knowledge of every branch of medical science, or, in any way, to restrain the most entire freedom of thought, investigation, and action in matters appertaining to the practice of medicine.

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ARTICLE LXXXI.

List of Members of the American Institute of Homœopathy Residing in the State of New York.

1866. Allen, Timothy F., M. D... 105 Fourth avenue, New York.
1867. Andrews, Joel R., M. D. 52 W. Twenty-ninth st., New York.
1869. Arcularius, Philip E., M. D.. 43 E. Twenty-first st., New York.
1869. Avery, Edward W., M. D..... Poughkeepsie.
1867. Avery, Henry N., M. D..... Poughkeepsie.
1869. Bœthig, Henry, M. D ..... Buffalo.
1857. Baldwin, Jared G., M. D.. 22 E. Twenty-fourth st., N. York.
1869. Baker, Walter S., M. D..... Cohoes.
1844. Ball, Alonzo S., M. D..... 43 W. Eleventh st., New York.
1866. Baner, Wm. J., M. D.. Fourth av., and Nineteenth st., N. Y.
1844. Barlow, Samuel B., M. D.. 55 E. Twenty-first st., New York.
1867. Bartlett, Edward G., M. D.. 80 W. Eleventh st., New York.
1847. Baxter, William, M. D..... Wappinger's Falls.
1846. Baynard, Edward, M. D.... 6 W. Fourteenth st., New York.
1867. Bayliss, B. L. B., M. D..... Astoria.
1859. Beakley, Henry, M. D..... Peekskill.
1848. Beakley, Jacob, M. D.. Grammercy Park House, New York.
1846. Belcher, George E., M. D. 43 E. Twenty-first st., New York.
1867. Benedict, Harris S., M. D.*..... Corning.
1846. Bennet, Hilem, M. D..... Rochester.
1869. Bennett, Hollis K., M. D ..... Whitehall.
1865. Benson, P. Oscar C., M. D ..... Skaneateles.
1858. Berghaus, Julius M., M. D. 49 West Twenty-fourth st., N. Y.
1869. Bevin, William A., M. D... 1915 Third avenue, New York.
1854. Bigelow, Franklin, M. D.... 102 S. Salina street, Syracuse.
1854. Bigelow, J. G., M. D..... Syracuse.
1866. Billings, George H., M. D..... 7 Hanson Place, Brooklyn.
1854. Bishop, D. F., M. D..... Lockport.
1869. Bishop, R. S., M. D..... Medina.
1853. Bissell, Arthur F., M. D..... 157 Maiden Lane, New York.
1867. Blakelock, Ralph, M. D. 410 W. Twenty-fourth st., N. York.
1854. Blanchard, Henry C., M. D..... Buffalo.
1869. Bloss, Jabez P., M. D..... 108 Second street, Troy.
1869. Bloss, Richard D., M. D..... 40 Second street, Troy.
1844. Bowers, Benjamin F., M. D. 23 E. Twentieth st., New York.
1866. Boyce, C. William, M. D..... Auburn.
1860. Bradford, F. Standish, M. D.... 108 Fourth av., New York.
1867. Brey, Julius C., M. D ..... New York.
1867. Brink, William, M. D...55 E. Twenty-first street, New York.
1867. Brown, Edward V., M. D.....Tarrytown.

* Deceased.

1869. Brown, Granville Curtis, M. D.....Port Chester.
1867. Brown, Titus L., M. D.....Binghamton.
1855. Bryant, Joel,* M. D.....31 Smith street., Brooklyn.
1867. Bryant, Melville, M. D.....31 Smith street, Brooklyn.
1856. Bull, A. T., M. D.....Buffalo.
1868. Burchard, J. Gregg, M. D.....Peekskill.
1867. Burdick, Stephen P., M. D...303 W. 34th street., New York.
1848. Burke, A. C., M. D.....142 Union street, Brooklyn.
1867. Burnett, Benajah, J., Jr., M. D.....Mount Vernon.
1867. Campbell, C. E., M. D.....19 Second avenue. New York.
1869. Carpenter, Chas. H., M. D.....1 Fifth street, Troy.
1844. Cator, H. Hull, M. D.....Roxbury.
1867. Cetlinski, Beloit, M. D....101 E. Twelfth street, New York.
1845. Clary, Lyman, M. D.....Syracuse.
1852. Clements, Zina, M. D.....Saratoga.
1869. Coburn, Edward S., M. D.....70 Second street, Troy.
1867. Comstock, Albert L., M. D.....Mount Kisco.
1848. Cook, Abijah P., M. D.....Hudson.
1869. Cook, Charles P., M. D.....Hudson.
1867. Cook, E. G., M. D.....Buffalo.
1867. Cook, Elliot L., M. D.....Buffalo.
1850. Cook, Simeon A., M. D.....Troy.
1869. Covert, Nelson B., M. D.....Geneva.
1869. Crispell, Garrett D., M. D.....Kingston.
1869. Curtiss, Rinaldo I., M. D.....Maryville.
1855. Dake, C. A., M. D.....Rochester.
1847. Dake, C. M., M. D.....Rochester.
1860. Dake, Jabez W., M. D.....Nunda.
1868. Dayfoot, Herbert M., M. D.....residence unknown.
1869. Delavan, John S., M. D.....77 Columbia, Albany.
1848. Donovon, Thomas W., M. D.....Quarantine, Staten Island.
1867. Dowling, John W., M. D..58 W. Twenty-fifth st., New York.
1859. Doty, Hilon, M. D.....Rochester.
1860. Dunham, Carroll, M. D.....68 E. Twelfth street, New York.
1867. Ermentraut, John P., M. D..194 Seventh street, New York.
1869. Elliot, Joseph B., M. D.....Clinton avenue, Brooklyn.
1857. Ellis, John, M. D....263 W. Fifty-fourth street, New York.
1867. Evans, Jos. T., M. D....27 E. Thirty-first street, New York.
1867. Everitt, Daniel L., M. D.....29 Madison street, Brooklyn.
1867. Fanning, Thomas C., M. D.....Tarrytown.
1868. Finch, Edwin W., M. D.....New Rochelle.
1855. Fincke, Bernhardt, M. D.....92 Livingston street, Brooklyn.
1867. Fiske, W. M. L., M. D.....Rochester.
1867. Flagg, Levi W., M. D.....Yonkers.
1869. Fowler, Edward P., M. D.....22 W. 29th street, New York.
1858. Freeman, W., M. D..43 W. Twenty-fourth street, New York.
1858. Freeligh, Martin, M. D.....128 Ninth street, New York.
1869. Fuller, Hiram E., M. D.....Lansingburgh.
1858. Fullgraff, Otto, M. D.....41 E. Fifteenth street, New York.

* Deceased.

1869. Gardner, M. M., M. D..... Utica.
1865. Garside, W. B., M. D.... Greene av. and Hall st., Brooklyn.
1869. Gifford, Gilbert, M. D ..... Hamilton.
1867. Goodwin, Thomas S., M. D... Port Richmond, Staten Island.
1844. Gray, John F., M. D..... 38 E. Twentieth street, New York.
1855. Gregg, Rollin R., M. D..... 237 Washington street, Buffalo.
1848. Gurnsey, Egbert, M. D. 18 W. Twenty-third st., New York.
1847. Guy, Samuel S., M. D..... New York.
1859. Hall, George A., M. D..... Westfield.
1846. Hallock, Lewis, M. D.....92 Madison avenue, New York.
1869. Hamilton, Clark T., M. D.... 186 Atlantic street, Brooklyn.
1868. Hasbrouck, Stephen, M. D..... New York.
1867. Hawks, John, M. D ..... 20 Jefferson street, Brooklyn.
1858. Hawley, L. B., M. D..... Waverly.
1869. Hawley, William A., M. D..... Syracuse.
1869. Hinckley, A. S., M. D..... 117 West Ellicott st., Buffalo.
1867. Hitchcock, H. M., M. D. 22 E. Twenty-fourth st., New York.
1867. Hocking, William F., M. D..... Washington Heights.
1858. Hofman, Ernst F., M. D.. 40 E. Thirtieth street, New York.
1869. Holmes, E. B., M. D..... Canandaigua.
1867. Holtby, Jabez B., M. D. E. Twenty-second street, New York.
1867. Hornby, John, M. D..... Poughkeepsie.
1866. Horwitz, William, M. D..... New York.
1858. Hotchkiss, J. T., M. D..... Monroe.
1859. Houghton, H. A., M. D..... Keeseville.
1867. Houghton, Henry C., M. D.... P. O. Box 4700, New York.
1869. Hoyt, William Henry, M. D..... Syracuse.
1846. Hull, A. Cooke,* M. D.... 105 Joralemon street, Brooklyn.
1867. Hund, H. B., M. D..... 23 Hester street, New York.
1867. Hunt, F. W., M. D..... New York.
1867. Ingalls, F. W., M. D..... Kingston.
1867. Jayne, DeWitt C., M. D..... Florida.
1869. Jernegan, H. Mahew, M. D.. 110 Fourth avenue, New York.
1867. Jones, Henry C., M. D..... Mount Vernon.
1853. Joslin, Benj. F., M. D.. 52 W. Twenty-ninth st., New York.
1867. Keep, J. Lester, M. D. Cor. Gates and Vandb'lt avs., Brooklyn.
1848. Keep, Lester, M. D. Cor. Gates and Vandb't avs., Brooklyn.
1858. Kellogg, Edwin M., M. D.. 21 E. Twentieth st., New York.
1853. Kenyon, L. M., M. D..... 86 West Mohawk street, Buffalo.
1844. Kimball, David S., M. D..... Sackett's Harbor.
1669. Kirk, William V., M. D..... Niverville.
1867. Kuhn, Carl W., M. D..... 59 Bond street, New York.
1867. Liebold, C. Theo., M. D.. 57 E. Twenty-first st., New York.
1867. Lilienthal, S., M. D. 230 W. Twenty-first street, New York.
1869. Lord, I. S. P., M. D..... Poughkeepsie.
1846. Lovejoy, Ezekiel, M. D..... Owego.
1867. Lowry, Charles, M. D..... Homer.
1844. Mairs, James, M. D.. 43 W. Twenty-fourth street, New York.
1848. Marcy, Erastus E., M. D... 26 E. Twenty-second street, N. Y.

* Deceased.

1869. McMichael, L. D., M. D..... Buffalo.
1866. McMurray, Robert, M. D..... 192 Second avenue, N. Y.
1869. Mansfield, Charles J., M. D.. 62 West Twenty-second st., N. Y.
1867. Millard, Henry B., M. D..... 7 E. Twenty-seventh st., N. Y.
1869. Miller, John M., M. D ..... Morrisania.
1867. Miller, R. E., M. D..... Oxford.
1869. Miner John C., M. D ..... New York.
1868. Minton, Henry, M. D.....138 Remsen street, Brooklyn.
1868. Mitchell, Geo. B. I., M. D..... New York.
1866. Mitchell, John J., M. D..... 955 Second avenue, New York.
1867. Mitchell, J. W., M. D.... 19 W. Twenty-first st. New York.
1867. Moffat, Reuben C., M. D..... Brooklyn.
1867. Montanye, William D. S., M. D..... Rondout.
1855. Morgan, A. R., M. D..... 10 Livingston pl., New York.
1858. Morrill, Henry E., M. D..... 88 Orange street, Brooklyn.
1869. Mull, Philip W, M. D..... Ghent.
1848. Munger, Erastus A., M. D..... Waterville.
1856. Ormes, Cornelius, M. D..... Jamestown.
1844. Paine, Henry D., M. D..... 229 Fifth avenue, New York.
1850. Paine, Horace M., M. D..... 104 State street, Albany.
1869. Palmer, George B., M. D..... East Hamilton.
1848. Palmer, Miles W., M. D... 235 E. Eighteenth st., New York.
1869. Parsell, George H., M. D..... ..... Weedsport.
1867. Pearsall, S. I., M. D..... Saratoga Springs.
1858. Perrine, W. L. R., M. D..... 83 Montague st., Brooklyn.
1867. Pratt, William M., M. D ..... 218 E. Broadway, New York.
1854. Randel, William H., M. D..... 1 Clinton square, Albany.
1848. Raymond, Jonas C., M. D..... 252, Genesee street, Utica.
1869. Reynolds, Porter L. F., M. D..... 74 Westerlo st., Albany.
1847. Richardson, E. T., M. D..... 87 Montague st., Brooklyn.
1844. Robinson, Horatio, M. D..... Auburn.
1858. Rosman, John G., M. D.... 60 Pierrepont street, Brooklyn.
1869. Seeger F., M. D. ..... 150 East Fifty-fourth st., New York.
1867. Seeley, N. R., M. D..... Elmira.
1867. Shaffer, Levi, M. D..... Kingston.
1859. Shattuck, Alvin, M. D..... 41 S. Division street, Buffalo.
1853. Skiles, F. W., M. D..... 86 Clinton street., Brooklyn.
1867. Sloan, Henry N., M. D ..... Binghamton.
1869. Smith, Amos B., M. D..... Geneva.
1866. Smith, Daniel D., M. D... 122 E. Twenty-seventh st., N. Y.
1869. Smith, Ezra P. K., M. D ..... Auburn.
1860. Smith, Henry M., M. D..... 105 Fourth avenue, N. Y.
1869. Smith, St. Clair, M. D..... 155 North street, New York.
1860. Smith, Thomas Franklin, M. D.. 128th st., near 4th av., N. Y.
1867. Sommer, Gustave Justus Moritz, M. D..... East New York.
1868. Southwick, T. E., M. D ..... Ogdensburgh.
1850. Springsteed, David, M. D ..... Albany.
1869. Stebbins, James H., M. D ..... Geneva.
1865. Sumner, Charles, M. D..... Rochester.
1867. Swan, Samuel, M. D..... 13 W. Thirty-eighth street, N. Y.

1869. Swits, Harmon, M. D..... Schenectady.
1867. Thompson, J. H., M. D ..... 46 Union Square, New York.
1867. Thompson, Virgil, M. D..... 41 Barrow street, New York.
1856. Ward, John A., M. D.... 20 E. Twenty-first st., New York.
1857. Ward, Joseph B., M. D.. Cor. Bedf'd av. & B'way, Brooklyn.
1848. Warner, Lewis T., M. D..... 39 E. Nineteenth street, N. Y.
1854. Watson, William H., M. D ..... 270 Genesee street, Utica.
1848. Wells, Lucien B., M. D..... 225 Genesee street, Utica.
1844. Wells, P. P., M. D..... 84 Clinton street, Brooklyn.
1858. West, Edwin, M. D..... 42 Washington Place, New York.
1866. Wetmore, John M., M. D ... 43 E. Twenty-first street, N. Y.
1869. White, Joseph N., M. D..... ... Amsterdam.
1867. White, J. Ralsey, M. D ..... 1915 Third avenve, New York.
1860. White, Theodore C., M. D..... Rochester.
1867. White, W. Hanford, M. D... 26 E. Twenty-second st., N. Y.
1855. Wilder, Louis de V., M. D... 82 W. Twenty-ninth st., N. Y.
1869. Woodward, A. M., M. D..... 108 McDougal st., New York.
1858. Wright, Albert, M. D... Cor. Bedf'd av. & B'way, Brooklyn.
1869. Wright, A. R., M. D..... 162 Pearl street, Buffalo.
1867. Wright, Wm. M. D..... 34 Fifth street, Brooklyn, E. D.

ARTICLE LXXXII.

LIST OF OFFICERS, 1850 TO 1869.

Presidents.

Isaac M. Ward	New York	First District	1850
Fed'k Vanderburgh*	Rhinebeck	Second District	1851
Lyman Clary	Syracuse	Fifth District	1852
Alonzo S. Ball	New York	First District	1853
Amherst Childs*	Waterloo	Seventh District	1854
Samuel S. Guy	Brooklyn	Second District	1855
M. M. Matthews*	Rochester	Seventh District	1856
R. S. Bryan*	Troy	Third District	1857
Ethan A. Potter*	Oswego	Fifth District	1861
Jacob Beakley	New York	First District	1862
Henry D. Paine	New York	First District	1863
Erastus A. Munger	Waterville	Fifth District	1864
Abijah P. Cook	Hudson	Third District	1865
Horatio Robinson	Auburn	Seventh District	1866
Benjamin F. Cornell	Moreau Station	Fourth District	1867
William H. Watson	Utica	Fifth District	1868
William Wright	Brooklyn	Second District	1869

Vice-Presidents.

Drs. Durfee Chase	Palmyra	1st	Vice-President,	1850
R. S. Bryan*	Troy	2d	do	1850
Alonzo S. Ball	New York	3d	do	1850
Lyman Clary	Syracuse	1st	do	1851
E. Lewis	Buffalo	3d	do	1851
Alonzo S. Ball	New York	1st	do	1852
T. H. Coburn*	Hudson	2d	do	1852
Durfee Chase	Palmyra	3d	do	1852
N. H. Warner*	Buffalo	1st	do	1853
F. Humphreys†	New York	2d	do	1853
Samuel S. Guy	Brooklyn	2d	do	1853
Lucien B. Wells	Utica	3d	do	1853
Henry Adams*	Cohoes	1st	do	1854
Josiah Bowers*	New York	2d	do	1854
E. T. Richardson	Brooklyn	3d	do	1854
M. M. Matthews*	Rochester	1st	do	1855
R. S. Bryan*	Troy	2d	do	1855
David Springsteed	Albany	3d	do	1855
J. M. Quinn*	New York	1st	do	1856
Henry Adams*	Cohoes	2d	do	1856
Lucien B. Wells	Utica	3d	do	1856

* Deceased. † Expelled from the Society.

Drs. Abijah P. Cook	Hudson	1st	Vice-President,	1857
Lucien B. Wells	Utica	2d	do	1857
Simeon A. Cook	Troy	1st	do	1861
A. R. Wright	Buffalo	2d	do	1861
Cornelius Ormes	Jamestown	3d	do	1861
A. R. Wright	Buffalo	1st	do	1862
Erastus A. Munger	Waterville	2d	do	1862
William S. Searle	Troy	3d	do	1862
William Wright	Brooklyn	1st	do	1863
C. Wm. Boyce	Auburn	2d	do	1863
Asa S. Couch	Fredonia	3d	do	1863
Samuel S. Guy	Brooklyn	1st	do	1864
A. R. Morgan	Virginia	2d	do	1864
Asa S. Couch	Fredonia	3d	do	1864
Benj. F. Cornell	Fort Edward	1st	do	1865
Benj. F. Bowers	New York	2d	do	1865
Lor'zo M. Kenyon	Buffalo	3d	do	1865
Lucien B. Wells	Utica	1st	do	1866
Wm. B. Stebbins	Little Falls	2d	do	1866
Edgar B. Cole	Waterford	3d	do	1866
S. B. Barlow	New York	1st	do	1867
Wm. H. Watson	Utica	2d	do	1867
Lester M. Pratt	Albany	3d	do	1867
T. F. Allen	New York	1st	do	1868
T. L. Brown	Binghamton	2d	do	1868
D. F. Bishop	Lockport	3d	do	1868
E. B. Holmes	Canandaigua	1st	do	1869
Henry Minton	Brooklyn	2d	do	1869
E. P. K. Smith	Auburn	3d	do	1869

Secretaries.

Drs. Henry D. Paine, Sec.	New York	1850–57
H. M. Paine, Rec. Sec.	Albany	1861–1866, 68, 69
H. B. Fellows, Cor. Sec.	Chicago, Ill.	1864–66
H. B. Fellows, Rec. Sec.	do	1867
E. D. Jones, Cor. Sec.	Albany	1867–69

Treasurers.

Drs. Henry D. Paine, New York	1850–56
James W. Cox, Albany	1857–61
Lucien B. Wells, Utica	1862–65
John S. Delavan, Albany	1866
J. W. Cox, Albany	1867
W. S. Searle, Troy	1868
W. S. Searle, Brooklyn	1869

Executive Committee.

Drs. E. A. Munger, Lucien B. Wells and Horace M. Paine.... 1861
E. A. Munger, Lucien B. Wells and Horace M. Paine.... 1862
Lester M. Pratt, E. Darwin Jones, R. C. Moffat, Henry Minton and Horace M. Paine..... 1863
Lucien B. Wells, A. R. Morgan and Horace M. Paine.... 1864
Horace M. Paine, Lester M. Pratt and James W. Cox.... 1865
H. Robinson, L. B. Wells, W. B. Stebbins, E. B. Cole, H. M. Paine, H. B. Fellows, J. S. Delavan..... 1866
B. F. Cornell, S. B. Barlow, W. H. Watson, L. M. Pratt, H. B. Fellows, E. D. Jones, James W. Cox..... 1867
W. H. Watson, D. F. Bishop, H. M. Paine, T. F. Allen, T. L. Brown, E. D. Jones, J. W. Cox, W. S. Searle, L. M. Pratt, J. S. Delavan..... 1868
William Wright, E. B. Holmes, Henry Minton, E. P. K. Smith, E. D. Jones, H. M. Paine, W. S. Searle..... 1869

Committee on Publication.

Drs. Henry D. Paine, William H. Watson and James W. Cox, 1863
Horace M. Paine, Henry D. Paine and E. Darwin Jones.. 1864
Horace M. Paine, Henry D. Paine and E. Darwin Jones. 1865
H. M. Paine, E. D. Jones, J. Beakley, H. D. Paine, T. Dwight Stow..... 1866
H. B. Fellows, E. D. Jones, J. Beakley, H. D. Paine, J. S. Delavan..... 1867
H. M. Paine, E. D. Jones, W. S. Searle, B. F. Cornell, A. T. Bull..... 1868
H. M. Paine, E. D. Jones, L. M. Pratt..... 1869

ARTICLE LXXXIII.

HONORARY MEMBERS.

"The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.—*Extract from the By-Laws.*

1864.

Constantine Hering, M. D., 112 North Eleventh street, Philadelphia, Pennsylvania.
J. T. Talbot, M. D., 31 Mt. Vernon street, Boston, Mass.
E. C. Witherill,* M. D., Cincinnati, Ohio.

1865.

George D. Beebe, M. D., 66 Randolph street, Chicago, Ill.
Edwin M. Hale, M. D., 124 South Clark street, Chicago, Ill.
William Tod Helmuth, M. D., 1418 Washington avenue, St. Louis, Mo.
A. H. Okie, M. D., Providence, R. I.
John C. Sanders, M. D., Cleveland, Ohio.
David Wilson, M. D., 22 Brook street, W. London, England.

1866.

Elial T. Foote, M. D., New Haven, Conn.
Samuel Gregg, M. D., 35 Howard street, Boston, Mass.
Charles T. Harris, M. D., Ann Harbor, Mich.
William E. Payne, M. D., Bath, Maine.
Francis Sims, M. D., 709 Pine street, Philadelphia, Penn.
David S. Smith, M. D., 402 Michigan avenue, Chicago, Ill.

1867.

Walter Williamson, M. D., 29 North Eleventh street, Philadelphia, Penn.
Ira Barrows, M. D., Providence, R. I.
Robert E. Dudgeon, M. D., 53 Montague square, W. London, England.
E. C Franklin, M D., 709 Pine street, St. Louis, Mo.
William F. Jackson, M. D., 84 Dudley street, Boston, Mass.
Alvin E. Small, M. D., 124 South Clark street, Chicago, Ill.

1868.

Charles Cropper, M. D., Lebanon, Ohio.
Charles Cullis, M. D., 18 Ashburton place, Boston, Mass.
Edwin R. Heath, M. D., Wyandotte, Kansas.
William H. Holcomb, M. D., New Orleans, La.
Bushrod W. James M. D., 1821 Green street, Philadelphia, Penn.

1869.

William Bayes, M. D., Brunswick Lodge, Newmarket Road, Norwich, England.
T. Cation Duncan, M. D., 59 or 147 Clark street, Chicago, Ill.
William Henderson, M. D., 19 Ainslie place, Edinburgh, Scotland.
John C. Morgan, M. D., 1700 Chestnut street, Philadelphia, Penn.

1870.

John Drummond, M. D., 145 Strangeways, Manchester, England.
John J. Drysdale, M. D., 36 A. Rodney street, Liverpool, England.
John J. Edic, M. D., 134 Shawnee street, Leavenworth, Kansas.
—— Von Grauvogle, M. D., Nuremberg, Germany.
H. R. Madden, M. D., 16 Westbourne street, Hyde Park, West London, England.
D. G. Woodvine, M. D., 739 Tremont street, Boston, Mass.

Connecticut.

Dr. Elial T. Foote..... 1866

Illinois.

Drs. George D. Beebe.... 1865
T. C. Duncan..... 1869
E. M. Hale..... 1865
A. E. Small 1867
D. S. Smith..... 1866

Kansas.

Drs. E. R. Heath 1868
John J. Edic..... 1870

Lousianna.

Dr. Wm. H. Holcomb.... 1868

Maine.

Dr. Wm. E. Payne..... 1866

Massachusetts.

Drs. Charles Cullis..... 1866
Samuel Gregg 1866
W. F. Jackson 1867
I. T. Talbot 1864
D. G. Woodvine 1870

Michigan.

Dr. C. T. Harris 1866

Missouri.

Drs. E. C. Franklin..... 1867
W. T. Helmuth 1865

Ohio.

Drs. C. Cropper 1868
J. C. Sanders 1865

Pennsylvania.

Drs. C. Hering 1864
B. W. James..... 1868
J. C. Morgan 1869
Francis Sims..... 1866
W. Williamson 1866

Rhode Island.

Drs. Ira Barrows..... 1867
A. H. Okie..... 1865

England.

Drs. William Bayes..... 1869
John Drummond.... 1870
John J. Drysdale.... 1870
R. E. Dudgeon..... 1867
H. R. Madden 1870
David Wilson..... 1865

Scotland.

Dr. Wm. Henderson..... 1869

Germany.

Dr. —— Von Grauvogle.. 1870

ARTICLE LXXXIV.

LIST OF PERMANENT MEMBERS.

The State Medical Society is designed to be essentially a representative body. It is composed primarily of delegates from the several county medical Societies. The laws of this State provide for a delegated membership of four years' duration, and, in addition thereto, the annual election of a limited number of permanent members.

"It shall and may be lawful for the Medical Society to elect annually such a number of permanent members as they may from time to time determine by their by-laws, not to exceed two annually from any one senatorial (present judicial) district."—*Revised Statutes.*

The following extract from the by-laws of the Society authorizes the annual election of *sixteen* permanent members, and confers upon them equal privileges with the delegates from the county Societies:

"The Society may annually elect sixteen permanent members, not to exceed two annually from any one judicial district, previous nomination at an annual meeting of the State Medical Society, and by a county medical Society, being prerequisite. Persons so elected shall be entitled to all the privileges of membership."

First District.

City and county of New York.

Drs. Alonzo S. Ball,	New York,	New York Co.	1863
Jacob Beakley,	"	"	1863
Henry D. Paine,	"	"	1863
J. Ralsay White,	"	"	1863
Samuel B. Barlow,	"	"	1864
Daniel D. Smith,	"	"	1864
Carroll Dunham,	"	"	1865
Samuel S. Guy,	"	"	1865
Egbert Guernsey,	"	"	1865
Henry M. Smith,	"	"	1865
Benj. F. Bowers,	"	"	1866
John F. Gray,	"	"	1866
E. M. Kellogg,	"	"	1866
A. C. Burke,	"	"	1867
Lewis Hallock,	"	"	1867
F. W. Hunt,	"	"	1867
G. E. Belcher,	"	"	1868
B. F. Joslin,	"	"	1868
T. F. Allen,	"	"	1869
E. P. Fowler,	"	"	1869

Second District.

Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess, and Putnam counties.

Drs. R. C. Moffat, Brooklyn, Kings county 1863
P. P. Wells, " " 1863
Henry Minton, " " 1864
William Wright, " " 1864
G. H. Billings, " " 1865
Ed. T. Richardson, " " 1865
Wm. S. Searle, " " 1865
John Sarle, " " 1866
Albert Wright, " " 1866
Samuel C. Hanford, " " 1868
A. C. Hull,* " " 1869
I. S. P. Lord, Poughkeepsie, Dutchess county 1869

Third District.

Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene, and Schoharie counties.

Drs. Abijah P. Cook, Hudson, Columbia Co 1863
E. Darwin Jones, Albany, Albany Co..... 1864
Horace M. Paine, " " 1864
Lester M. Pratt, " " 1864
Richard D. Bloss, Troy, Rensselaer Co..... 1865
G. D. Crispell, Kingston, Ulster Co..... 1867
D. L. Everett, Modena, " 1867
T. T. Calkins, Hudson, Columbia Co..... 1868
M. W. Campbell, Troy, Rensselear Co 1868
C. H. Carpenter, " " 1869
J. W. Cox, Albany, Albany Co 1869
J. H. Ward, Troy, Rensselaer Co 1869

Fourth District.

Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton and Schenectady counties.

Drs. Benjamin F. Cornell, Fort Edward, Washington Co..... 1863
Chas. M. Mosher, Easton, Washington Co 1863
David H. Bullard, Glen's Falls, Warren Co 1864
H. A. Houghton, Keeseville, Essex Co..... 1865
Samuel J. Pearsall, Saratoga Springs, Saratoga Co 1866
W. G. Woolcott,* Whitehall, Washington Co 1866
E. B. Cole, Waterford, Saratoga Co..... 1867
D. E. Southwick, Ogdensburgh, St. Lawrence Co..... 1867
Harmon Swits, Schenectady, Schenectady Co 1868
A. W. Holden, Glen's Falls, Warren Co..... 1869

*Deceased.

Fifth District.

Oneida, Onondaga, Jefferson, Oswego, Herkimer and Lewis counties.

Drs. Erastus A. Munger, Waterville, Oneida Co..... 1863
Lucien B. Wells, " " 1864
Ethan A. Potter,* " " 1865
T. Dwight Stow, Fulton, Oswego Co..... 1865
Solomon C. Warren, Jordan, Onondaga Co..... 1865
J. G. Bigelow, Syracuse, Onondaga Co..... 1866
Lyman Clary, " " 1866
A. R. Morgan, " " 1866
Wm. A. Hawley, " " 1866
M. M. Gardner, Utica, Oneida Co..... 1866
Wm. H. Watson, Utica, Oneida Co..... 1866
Augustus Pool, Oswego, Oswego Co..... 1867
J. C. Raymond, Utica, Oneida Co..... 1867
G. C. Hibbard, Mannsville, Jefferson Co..... 1868
Wm. Henry Hoyt, " " 1868
B. B. Schenck, Plainville, Onondaga Co..... 1868
G. L. Gifford, Clayville, Oneida Co..... 1868
C. Judson Hill, Utica, Oneida Co..... 1869
G. D. McManus, Oswego, Oswego Co..... 1869

Sixth District.

Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga and Cortland counties.

Drs. Titus L. Brown, Binghamton, Broome Co..... 1863
T. S. Blodgett, Cooperstown, Otsego Co..... 1864
P. W. Gray,* Elmira, Chemung Co..... 1865
D. D. Looms, Morrisville, Madison Co..... 1867
Ira C. Owen, Sherburne, Chenango Co..... 1867
Geo. B. Palmer, East Hamilton, Madison Co..... 1867
H. F. Adams, Canastota, Madison Co..... 1868
Charles Lowrey, Homer, Cort. Co..... 1868
S. D. Hand, Binghamton, Broome Co..... 1869
A. E. Wallace, Oneida, Madison Co..... 1869

Seventh District.

Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga and Monroe counties.

Drs. H. S. Benedict,* Corning, Steuben Co..... 1863
C. Wm. Boyce, Auburn, Cayuga Co..... 1863
G. Z. Noble, Dundee, Yates Co..... 1864
H. Barton Fellows, Chicago, Ill Co..... 1865
Wm. Gulic, Weston, Schuyler Co..... 1865

* Deceased.

Drs. Horatio Robinson, Sr., Auburn, Cayuga Co..... 1866
Horatio Robinson, Jr., " " 1867
M. F. Sweeting, South Butler, Wayne Co..... 1867
E. H. Hurd, Rochester, Monroe Co..... 1868
M. M. Matthews,* Rochester, Monroe Co..... 1868
E. B. Holmes, Canandaigua, Ontario Co..... 1869
E. P. K. Smith, Auburn, Cayuga Co..... 1869

Eighth District.

Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Allegany and Wyoming counties.

Drs. A. R. Wright, Buffalo, Erie Co..... 1863
D. F. Bishop, Lockport, Niagara Co..... 1864
A. S. Couch, Fredonia, Chautauqua Co..... 1864
Alfred H. Beers,* Buffalo, Erie Co..... 1865
Rollin R. Gregg, Buffalo, Erie Co..... 1865
Lorenzo M. Kenyon, Buffalo, Erie Co..... 1866
R. S. Bishop, Medina, Orleans Co..... 1867
G. A. Hall, Westfield, Chautauqua Co..... 1868
E. J. Cook, Buffalo, Erie Co..... 1869
G. W. Lewis, " " 1869

* Deceased.

ARTICLE LXXXV.

LIST OF DELEGATES AND CLASSIFICATION OF COUNTIES.

The State Medical Society is designed to be essentially a representative body, composed primarily of delgates from the several county medical Societies; accordingly, the laws of this State provide:

1. For the organization of county medical Societies.

2. The representation of said county organizations in a State Medical Society.

3. Delegated membership in said State Society of four years' duration.

4. The arrangement of said delegates into four nearly equal classes.

"Said (State) Society shall be composed of as many members from each county medical Society as there are members of Assembly from such county, elected by ballot at their annual meeting.

"The members now composing the Medical Society of the State of New York, from each of the four great districts, shall remain divided into four classes, and one class from each of said districts shall go out of office annually.

"In case there shall be an addition to the number of members composing the Medical Society of the State, that in that case it shall be in the power of the said Society, at any of their annual meetings, and as often as they shall judge necessary, to alter and vary the classes in such manner as that one-fourth of the members from each of the great districts, as near as may be, shall annually go out of office.

"It shall be the duty of the secretary of the Medical Society of the State of New York, whenever the seats of any of the members shall become vacant, to give information of the same to the respective county Societies, to the end that such county Societies may supply such vacancy at the next meeting."—*Revised Statutes.*

By means of the following arrangement county medical Societies are divided into four nearly equal classes, thus securing the annual election of about one-fourth the whole number of delegates to the State Society.*

Officers of county medical Societies and other institutions are particularly requested to examine this classification, in order to ascertain

* Inasmuch as the term of office of one class, or one-fourth the number of delegates, expires at the close of each annual meeting of the State Society, all elections by county societies and institutions entitled to representation in the State Society should be held at the annual meeting preceding the expiration of their respective terms.

the election of delegates by their respective Societies is required. They are also invited to consult the list of permanent members on pages 835–8 in order to exclude the names of any who may have been previously elected permanent members of the State Medical Society. Whenever delegates are elected permanent members, others should be chosen in their places.

Class I.

Term of office expires at the close of the annual meeting of the State Medical Socciety for 1870. Twenty-two delegates.

	No. of Delegates.
Albany County Medical Society.—Drs. J. N. White, Amsterdam; Harmon Swits, Schenectady; John S. Delavan, Albany; William H. Randel, Albany	4
Albany City Dispensary.—Dr. James F. McKown, Albany	1
Allegany County Medical Society	1
Broome County Medical Society.—Dr. Titus L. Brown, Binghamton	1
Cattaraugus County Medical Society	2
Cayuga County Medical Society.—Drs. C. E. Swift, Auburn; William M. Gwynn, Throopsville	2
Chautauqua County Medical Society.—Dr. W. S. Hedges, Jamestown; George A. Hall, Westfield	2
Chemung County Medical Society.—Dr. Henry Sayles, Elmira.	1
Chenango County Medical Society	1
Clinton County Medical Society	1
Columbia County Medical Society.—Dr. William H. Barnes, Chatham Four Corners; Philip W. Mull, Ghent	2
Cortland County Medical Society	1
Delaware County Medical Society	2
Dutchess County Medical Society.—Drs. John Hornby, Poughkeepsie; I. S. P. Lord, Poughkeepsie	1
Poughkeepsie Homœopathic Dispensary.—Dr. Edward W. Avery, Poughkeepsie	1
Erie County Medical Society.—Drs. A. S. Hinckley, Buffalo; George W. Lewis, Buffalo; Alvin Shattuck, Buffalo; Henry Foster, Buffalo; A. T. Bull, Buffalo	5
Buffalo City Dispensary.—Dr. Henry T. Appleby	1
Hospital of the Ingleside Home.—Dr. A. Shattuck	1
Essex County Medical Society	1
Franklin County Medical Society	1
Fulton County Medical Society	1
Genesee County Medical Society	1
Greene County Medical Society	1
Hamilton County Medical Society	1
Herkimer County Medical Society	1
Jefferson County Medical Society	2

CLASS II.

Term of office expires at the close of the annual meeting of the State Medical Society for 1871. Twenty-seven delegates.

	No. of Delegates.
Kings County Medical Society.—Drs. W. L. R. Perrine, Brooklyn; F. W. Skiles, Brooklyn; George A. Bowen, Brooklyn; J. B. Elliot, Brooklyn; J. Lester Keep, Brooklyn; Ward C. Pardee, Brooklyn; John L. Hawks, Brooklyn; Henry E. Morrill, Brooklyn; Henry W. Aten, Brooklyn	9
Brooklyn Homœopathic Dispensary.—Dr. Clark I. Hamilton, Brooklyn	1
Gates Avenue Homœopathic Dispensary.—Dr. S. H. Keep, Brooklyn	1
Lewis County Medical Society	1
Livingston County Medical Society.—Dr. J. N. Anderson, Dansville	1
Madison County Medical Society.—Drs. Edgar C. Bass, Cazenovia; John W. Brown, Morrisville	2
Monroe County Medical Society.—Drs. L. H. Reynolds, Rochester; T. C. White, Rochester; G. W. Peer, Rochester	3
Montgomery County Medical Society.—James Gerrie, Johnstown	1
Niagara County Medical Society	2
Oneida County Medical Society.—Drs. G. A. Gifford, Clayville; J. C. Raymond, Utica; C. Judson Hill, Utica; A. B. Southwick, Rome	4
Onondaga County Medical Society.—Drs. B. B. Schenck, Plainville; Jay W. Sheldon, Syracuse; Wm. Henry Hoyt, Syracuse	3
Ontario County Medical Society.—Drs. George Z. Noble, Dundee; J. H. Stebbins, Geneva	2

CLASS III.

Term of office expires at the close of the annual meeting of the State Medical Society for 1872. Thirty-three delegates.

	No. of Delegates.
New York County Medical Society.—Drs. Robert McMurray, New York; Benj. F. Joslin, New York; J. McE. Wetmore, New York; G. E. Belcher, New York; T. F. Allen, New York; C. Th. Liebold, New York; J. J. Mitchell, New York; T. Franklin Smith, New York; J. W. Dowling, New York; J. B. Holtby, New York; A. P. Throop, New York; S. Lilienthall, New York; W. Brinck, New York; W. H. White, New York; J. G. Baldwin, New York; F. S. Bradford, New York; C. Otto Ficht, New York; ——— New York; ——— New York; ——— New York; ——— New York	21

	No. of Delegates.
Hospital of Five Points House of Industry.—Dr. Stephen C. Smith, New York	1
Hospital of Protestant Half Orphan Asylum.—Dr. B. F. Powers, New York	1
Hospital of Homœopathic Medical College.—Dr. F. W. Hunt, New York	1
Hahnemann Hospital.—Dr. F. Seeger, New York	1
Ophthalmic Hospital.—Dr. F. H. Thomas, New York	1
Bond Street Dispensary.—Dr. Otto Fulgraff, New York	1
Dispensary of Homœopathic Medical College.—Dr. William Brinck, New York	1
Metropolitan Homœopathic Dispensary.—Dr. H. E. Powell, New York	5
New York Homœopathic Dispensary.—Dr. John S. Linsley, New York	1
North Eastern Homœopathic Dispensary.—Dr. J. Robie Wood, New York	1
Western Homœopathic Dispensary.—Dr. Hamilton Rickaby, New York	1
New York Homœopathic Medical College.—Dr. James H. Ward, New York	1

Class IV.

Term of office expires at the close of the annual meeting of the State Medical Society for 1873. Twenty-six delegates.

Orange County Medical Society.—Drs. Jesse T. Hotchkiss, Monroe; Charles M. Lawrence, Port Jarvis; Fredrick W. Seward, Middletown	3
Middletown Insane Asylum.—Dr. George F. Foote, Middletown	1
Orleans County Medical Society	1
Oswego County Medical Society.—Drs. G. D. McManus, Oswego; W. L. Woodbury, Fulton; DeWitt C. Fowler, Oswego	3
Otsego County Medical Society.—Drs. J. H. Foote, Franklin; E. B. Warren, Middlefield	2
Putnam County Medical Society	1
Queens County Medical Society	2
Rensselaer County Medical Society.—Drs. C. G. Clark, Troy; E. S. Coburn, Troy; J. L. Vincent, Troy	3
Richmond County Medical Society	1
Rockland County Medical Society	1
St. Lawrence County Medical Society	3
Saratoga County Medical Society.—Drs. James F. Doolittle, Balston, B. F. Cornell, Fort Edward	2
Schenectady County Medical Society	1
Schoharie County Medical Society	1
Schuyler County Medical Society	1

	No. of Delegates.
Seneca County Medical Society	1
Steuben County Medical Society.—Drs. B. F. Grant, Bath; J. M. Cadmus, Hammondsport	2
Suffolk County Medical Society	1
Sullivan County Medical Society	1
Tioga County Medical Society	1
Tompkins County Medical Society	1
Ulster County Medical Society.—Drs. Garrett D. Chrispell, Kingston; Levi Shaffer, Kingston; Frederick W. Ingalls, Kingston	3
Warren County Medical Society	1
Washington County Medical Society.—Drs. George W. Little, Fort Edward; George H. Beach, Sandy Hill	2
Wayne County Medical Society.—Drs. A. G. Austin, Williamson; W. F. Sherman, Lyons	2
Westchester County Medical Society.—Drs. L. W. Flagg, Yonkers; H. C. Jones Mt. Vernon; T. C. Fanning, Tarrytown	3
Morrisania Homœopathic Dispensary.—Dr. J. M. Miller, Morrissania	1
Wyoming County Medical Society	1
Yates County Medical Society	1

Number of County Medical Societies in this State 27

The present membership of the State Medical Society comprises:

Delegates	108
Permanent members	99
Honorary members	34
Total number of members	241

Number of Hospitals in this State	6
" Dispensaries	12
" Insane Asylums	1
" Medical Journals	1
" Medical Colleges	1
" Ophthalmic Schools	1

ARTICLE LXXXVI.

Table of Annual and Regular Meetings of State, County and Local Medical Societies.

Jan'y	—1st	Wednesday..	Erie county, annual meeting.
"	—2d	Monday.....	Monroe county, annual meeting.
"	—2d	Tuesday....	Albany county, annual meeting.
"	—2d	"	Madison county, semi-annual meeting.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	" ..	Otsego county, semi-annual meeting.
"	—2d	" ..	Washington county, semi-annual meeting.
"	—last	" ..	Westchester county, annual meeting. Semi-annual meeting at such time and place as may be determined upon at the annual meeting.
Feb'y	—1st	Wednesday..	Erie county, monthly meeting.
"	—2d	Tues'y & Wed.	State Medical Society, annual meeting in the city of Albany. H. M. Paine, M. D., rec. sec., 104 State st., Albany.
"	—2d	Wednesday..	New York county, monthly meeting.
March	—1st	" ..	Erie county, monthly meeting.
"	—2d	Tuesday	Cayuga county, quarterly meeting.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	Thursday ...	Central Society, quarterly meeting.
April	—1st	Tuesday	Dutchess county, semi-annual meeting.
"	—1st	Wednesday..	Erie county, quarterly meeting.
"	—2d	Tuesday	Albany county, quarterly meeting.
"	—2d	"	Massachusetts State Society. Annual meeting, Boston. E. U. Jones, M. D., recording secretary, Taunton.
"	—2d	"	New Jersey State Society. Meeting for the legal organization of the Society, at Newark. L. Dennis, M. D., recording secretary, Newark.
"	—2d	Wednesday..	New York county, monthly meeting.
May	—1st	Tuesday	Onondaga county, annual meeting.
"	—1st	Wednesday..	Illinois State Society, annual meeting at Chicago. J. C. Duncan recording secretary, 59 Clark street, Chicago.
"	—1st	" ..	Kansas State Society. Annual meeting, Lawrence. J. J. Edic, M. D., recording secretary, Leavenworth.
"	—2d	Tuesday	Columbia county, semi-annual meeting.
"	—2d	"	Kings county, annual meeting. Adjourned monthly meetings are frequently held.
"	—2d	"	Montgomery county, annual meeting.

May	—2d	Tuesday	Orange county, semi-annual meeting.
"	—2d	"	Ohio State Society, Dayton. J. P. Wilson, M. D., secretary, Cleveland.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—3d	Tuesday	Steuben county, annual meeting.
"	—3d	"	Connecticut State Society, annual meeting, New Haven. E. C. Knight, M. D., recording secretary, Waterbury.
"	—3d	"	Michigan State Society, annual meeting, Jackson. J. E. Smith, M. D., recording secretary, Jackson. See third Thursday in June.
"	—4th	"	Maine State Society, annual meeting, Augusta. C. A. Cochran, M. D., recording secretary, Winthrop.
"	—	Time indefinite.	Ulster county, annual meeting.
June	—1st	Tuesday	Wayne county, annual meeting.
"	—1st	"	Minnesota State Society, at Minneapolis. H. Wedelstadt, M. D., recording secretary, St. Paul.
"	—1st	Wednesday..	Ontario county, semi-annual meeting.
"	—1st	" ..	American Institute of Homœopathy. Annual meeting, 1870, Chicago, Ill. R. Ludlam, M. D., general secretary, Chicago. Sessions continue three days.
"	—1st	" ..	Vermont State Society, annual meeting. H. P. Hunter, M. D., recording secretary, St. Johnsbury.
"	—2d	Monday.....	Monroe county, semi-annual meeting.
"	—2d	Tuesday	Cayuga county, annual meeting.
"	—2d	"	Chemung county, semi-annual meeting.
"	—2d	"	Livingston county, annual meeting.
"	—2d	"	Oswego county, annual meeting.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	" ..	Otsego county, annual meeting.
"	—2d	Thursday ...	Central Society, annual meeting.
"	—3d	Tuesday	Broome county, semi-annual meeting.
"	—3d	"	Oneida county, semi-annual meeting.
"	—3d	"	Rensselaer county, semi-annual meeting.
"	—3d	Wednesday..	New Hampshire State Society, annual meeting, Concord. J. H. Gallinger, M. D., secretary, Concord.
"	—3d	Thursday ...	Chautauqua county, annual meeting. Other meetings at the call of the president.
"	—3d	" ...	Michigan State Society, annual meeting, at Flint. J. C. Craig, M. D., recording secretary, Niles.
"	—4th	Tuesday	Madison county, annual meeting.
July	—1st	Wednesday..	Erie county, quarterly meeting.

July	—2d	Tuesday	Albany county, quarterly meeting.
"	—2d	"	Northern Society, annual meeting, at Saratoga Springs.
"	—2d	"	Saratoga county, annual meeting.
"	—2d	Wednesday..	New York county, monthly meeting.
Aug.	—2d	" ..	New York county, monthly meeting.
Sept.	—2d	Tuesday	Cayuga county, quarterly meeting.
"	—2d	"	New York State Society, semi-annual meeting, Rochester. H. M. Paine, M. D., recording secretary, 104 State street, Albany.
"	—2d	"	Pennsylvania State Society, annual meeting, Erie. B. W. James, M. D., recording secretary, 1821 Green street., Philadelphia.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	Thursday ...	Central Society, quarterly meeting.
Oct.	—1st	Tuesday	Columbia county, annual meeting.
"	—1st	"	Dutchess county, annual meeting.
"	—1st	Wednesday..	Erie county, quarterly meeting.
"	—1st	" ..	Wisconsin State Society, annual meeting.
"	—2d	Tuesday	Albany county, quarterly meeting.
"	—2d	"	Onondaga county, semi-annual meeting.
"	—2d	"	Massachusetts State Society, semi-annual meeting, Boston. E. U. Jones, M. D., recording secretary, Taunton.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	" ..	Orange county, annual meeting.
"	—3d	Tuesday	Broome county, annual meeting.
"	—3d	"	Oneida county, annual meeting.
"	—3d	"	Rensselaer county, annual meeting.
"	—3d	Wednesday..	Ontario county, annual meeting.
Nov.	—1st	" ..	Erie county, monthly meeting.
"	—2d	Tuesday	Kings county, semi-annual meeting. Adjourned monthly meetings are frequently held.
"	—2d	Wednesday..	New York county, annual meeting.
"	—3d	Tuesday	Steuben county, semi-annual meeting.
"	—3d	"	Connecticut State Society, semi-annual meeting, Hartford. E. C. Knight, M. D., recording secretary, Waterbury.
Dec.	—1st	Tuesday	Wayne county, semi-annual meeting.
"	—1st	Wednesday..	Erie county, monthly meeting.
"	—2d	Tuesday	Cayuga county, quarterly meeting.
"	—2d	"	Chemung county, annual meeting.
"	—2d	"	Livingston county, semi-annual meeting.
"	—2d	"	Oswego county, semi-annual meeting.
"	—2d	Wednesday..	New York county, monthly meeting.
"	—2d	Thursday ...	Central Society, quarterly meeting.

ARTICLE LXXXVII.

LIST OF COUNTY MEDICAL SOCIETIES AND PUBLIC INSTITUTIONS IN THE STATE OF NEW YORK, WITH THE NAMES AND ADDRESSES OF THEIR RESPECTIVE SECRETARIES.

The following list is inserted in order to furnish information for which application to the secretaries of the State Medical Society is frequently made.

COUNTY MEDICAL SOCIETIES.

Albany—Dr. E. A. Carpenter, 74 Lumber street, Albany.
Broome—Dr. Titus L Brown, 45 Collier street, Binghamton.
Cayuga—Dr. Wm. M. Gwynn, Throopsville.
Chautauqua—Dr. F. D. Ormes, Jamestown.
Chemung—Dr. Henry Sales, Elmira.
Columbia—Dr. T. T. Calkins, Hudson.
Dutchess—Dr. Edward W. Avery, 55 Noxon street, Poughkeepsie.
Erie—Dr. E. G. Cook, 38 East Swan street, Buffalo.
Kings—Dr. William Wright, 34 Fifth street, Brooklyn, E. D.
Livingston—Dr. James A. West, Geneseo.
Madison—Dr. George B. Palmer, East Hamilton.
Monroe—Dr. Wm. M. L. Fiske, 48 Plymouth avenue, Rochester.
Montgomery—Dr. James Gerrie, Johnstown, Fulton county.
New York—Dr. H. M. Smith, 107, Fourth avenue, New York.
Oneida—Dr. G. A. Gifford, Clayville.
Onondaga—Dr. Rufus E. Belden, 1 Barton Block, Syracuse.
Ontario—Dr. George Z. Noble, Dundee, Yates county.
Orange—Dr. Ira S. Bradner, Middletown.
Oswego—Dr. George D. McManus, 23 East Bridge street, Oswego.
Otsego—Dr. J. T. Wallace, New Berlin, Chenango county.
Rensselaer—Dr. C. G. Clark, 37 Fifth street, Troy.
Saratoga—Dr. S. J. Pearsall, Saratoga Springs.
Steuben—Dr. J. M. Cadmus, Hammondsport.
Ulster—Dr. F. W. Ingalls, Kingston.
Washington—Dr. George H. Beach, Sandy Hill.
Wayne—Dr. W. F. Sherman, Lyons.
Westchester—Dr. T. C. Fanning, Tarrytown.
Central N. Y.—Dr. C. Boyce, Auburn, Cayuga county.
Northern N. Y.—Dr. A. W. Holden, Glen's Falls, Warren county.

HOSPITALS.

Hospital of Five Points House of Industry—Dr. B. F. Joslin, 50 West 29th street, New York.

Hospital of Half-Orphan Asylum—Dr. B. F. Bowers, 50 West 29th street, New York.

Hospital in connection with the Homœopathic Medical College—Dr. ——.

Hahnemann Hospital—Dr. F. Seeger, 150 East 54th street, New York.

New York Ophthalmic Hospital—Dr. F. H. Thomas, 387 Fourth avenue.

Hospital in connection with Ingleside Home—Dr. A. Shattuck, 79 South Division street, Buffalo.

Middletown Insane Asylum—Dr. George F. Foot, Middletown, Orange county.

Dispensaries.

Albany City Dispensary—Dr. E. A. Carpenter, 7 Plain street, Albany.

Brooklyn Homœopathic Dispensary—Dr. Clark I. Hamilton, 186 Atlantic street, Brooklyn.

Gates Avenue Dispensary—Dr. S. H. Keep, corner Gates and Vanderbilt avenues, Brooklyn.

Buffalo Homœopathic Dispensary—Dr. Henry. T. Appleby, 270 Main street, Buffalo, Erie county.

Poughkeepsie Homœopathic Dispensary—Dr. Edward W. Avery, 55 Noxon street, Poughkeepsie, Dutchess county.

Morrisania Homœopathic Dispensary—Dr. J. M. Miller, Morrisania, Westchester county.

Bond Street Dispensary—Dr. Otto Fullgraff, 106 East 15th street, New York.

Metropolitan Homœopathic Dispensary—Dr. H. E. Powell, 21 East 4th street, New York.

New York Homœopathic Dispensary—Dr. John S. Linsley, 149 East 39th street, New York.

North-eastern Homœopathic Dispensary—Dr. F. Seeger, 150 East 54th street, New York.

Homœopathic Medical College Dispensary—Dr. William Brinck, 55 East 21st street, New York.

Western Homœopathic Dispensary—Dr. H. Rickaby, 51 East 20th street, New York.

Medical Schools.

New York Homœopathic Medical College. Located at 151 East 20th street, New York. Dr. Jacob Beakley, Grammercy Park House, Dean.

New York Ophthalmic School and Hospital. Located at 387 Fourth avenue. Dr. T. F. Allen, 3 East 33d street, New York.

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